



INSTRUCTIONS TO APPLICANT:

Print or type your name below. Parents should sign the parent waiver, then provide the recommender with this form and an envelope addressed to the Ricks Center for Gifted Children. (address listed on the next page)

Applicant Name _____

Present School _____ Current Grade _____

PARENT WAIVER:

I hereby waive the right of access to any information or remarks included in this evaluation.

I understand that my signature below ensures the confidentiality of the recommender's responses.

Signature (parent of applicant) _____ Date

FOR THE CLASSROOM TEACHER:

Please complete and return as soon possible. Ricks Center for Gifted Children thanks you in advance for your time and effort.

How would you rate this student as to:

	Below Average	Average	Above Average	Outstanding	Unable To Judge
Intellectual Curiosity					
Analytic Ability					
Academic Potential					
Oral Communication					
Written Communication					
Motivation/Initiative					
Relationships with Peers					
Ability to Work Independently					
Ability to Work in a Group					
Reliability					
Involvement in Class Activities					
Leadership					
Organization					
Creativity					
Emotional Maturity					
Character					
Self-Esteem					
Concern for Welfare of Others					
Attendance					
Parent Cooperation					

Please list the student's special talents and/or strengths:

Please list the student's weaknesses and/or areas of challenge:

What words first come to mind in describing this student?

Additional Comments:

Teacher Signature

Print or Type Name

School

Phone Number

School Address

City, State, and Zip

Date

Please return as soon as possible to:

Assistant Director of Enrollment Management

Ricks Center for Gifted Children

2040 S York St

Denver, CO 80210

