INSTITUTE OF CREATIVE PROBLEM SOLVING
FOR GIFTED AND TALENTED STUDENTS

MATHEMATICS TEACHER RECOMMENDATION

Student Name _______________________________________ Current Grade ______

1. How well do you know the above student? How does he/she perform in class?

2. Does he/she appear to have interest and ability in math, technology, or science? Why do you think so?

3. Does the student demonstrate a positive attitude toward academics? Please cite an example.

4. What background experience does the student have which will enable him/her to benefit from this program? What personal characteristics of the student would support your comment?

5. In your opinion, does the student perform better in an individual or a group setting?

(Please print clearly)

Teacher’s Name (Print): _______________________________ Date __________________

Grade/Course Taught: __________________________________________________________

School Name and District: _______________________________________________________

Phone Number: ______________________________________________________________

Email: _______________________________________________________________________

Teacher’s Signature __________________________________________________________

PLEASE RETURN WITH COMPLETED STUDENT APPLICATION