

**Pompano Beach High School
Summer Camp for the Gifted
Recommendation Form**

Student Name: _____ Current grade level _____

School: _____

Please circle one of the following:
5 = Top 1% / 4= Above Average /3 = Average
2 = Below Average / 1= Does Not Show

Does the student demonstrate the ability to learn and
Process information rapidly? 5 4 3 2 1

Is the student able to stay on task? 5 4 3 2 1

Does the student show a need for enrichments? 5 4 3 2 1

How would you assess the student in the following areas?

Math	5	4	3	2	1
Reading	5	4	3	2	1
Writing	5	4	3	2	1
Verbal	5	4	3	2	1
Attendance	5	4	3	2	1

Does the student demonstrate good behavior in class? 5 4 3 2 1

Would you recommend this student for the Gifted Camp? 5 4 3 2 1

Additional comments:

Teacher Name: _____ Phone # _____

**Application deadline is February 28, 2019
Teachers please send directly to Pompano Beach High
Fax # 754 322-2130**