**Date:\_\_\_\_\_\_\_\_\_\_**

Edmonson County Schools

**Gifted and Talented Education**

**TEACHER RECOMMENDATION FORM – CREATIVITY**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indications (check all that apply, but at least 3):**

❑ Creative writing (attach sample)

❑ Expression of creative ideas (anecdotal record attached/creative thinking activities, products)

❑ Production of ideas, invention (picture or narrative attached)

❑ William's scores \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Anecdotal: Please write a brief narrative to comment on the student’s:

❑ William's scores

❑ Level of performance

❑ Special strengths and/or weaknesses

❑ Needs caused by giftedness

❑ Additional information that you believe is relevant (attach).

**(MUST BE COMPLETED FOR RECOMMENDED STUDENTS)**

Please check the characteristics that accurately describe the TYPICAL behavior of this student.

❑ Fluency - many ideas

❑ Flexibility - able to add to their ideas

❑ Originality - has ideas no one else may have thought about

❑ Elaboration – Extends ideas

❑ Alert and curious - constantly asking questions about everything and anything

❑ May be bored with routine tasks

❑ Imaginative - has a strong sense of fantasy and a vivid imagination- may daydream

❑ May be uninhibited in expression or opinion and is sometimes radical/tenacious

❑ Risk-taker, adventurous, and speculative

❑ Exhibits an energy level that may at times cause student to get in trouble

❑ Has an unusual sense of humor. Sees humor in situations others do not see

❑ May not read rules/instructions or may question the rules

❑ Enjoys spontaneous activities

❑ Appears reflective or idealistic

Edmonson County Schools

**Gifted and Talented Education**

**TEACHER RECOMMENDATION FORM – SPECIFIC ACADEMIC APTITUDE – CREATIVITY**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL CONSIDERATIONS**

***PLEASE MARK ALL THAT ARE APPLICABLE TO THIS STUDENT***

☐**NONE**

**ENVIRONMENTAL**

☐Transiency – at least three moves

☐Home with little enrichment or stimulation

☐Parental attitude demonstrating rejection or indifference

**LANGUAGE CONSIDERATIONS**

☐English as a second language – lack of proficiency

☐Lack of verbal intellectual stimulation due to limited language facility

**CULTURAL CONSIDERATIONS**

☐Inability to function meaningfully in dominant culture due to limited exposure

☐Standards conflict with dominant culture, involving peers, parents & community

☐Lower self-esteem due to self-comparison with dominant culture standards

**ECONOMIC CONSIDERATIONS**

☐Residence in depressed economic area with a high concentration of poverty

☐Low family income – free/reduced lunch

☐Large family living at subsistence level

☐Inability to participate in varied experiences outside the home

**OTHER CONSIDERATIONS**

☐Medical issues impacting achievement

☐Other factors as described in recommendation