CHALLENGE PROGRAM
TEACHER RECOMMENDATION FORM

Date_____ School_____

Grade_____ Teacher(s)_____

DIRECTIONS

***Please return completed form to_____**

by_____

1. **List** students you wish to nominate for the Challenge Program.
2. **Check** applicable characteristics of exceptional performance.
3. **Total** the number of characteristics checked for each student.
4. Assign a level of recommendation for each student:
   1 Low **2 Average** **3 High** **4 Exceptional**
5. List subject area(s) of nomination based on each student's strengths.
6. Add any additional comments which may be pertinent.

Subject Codes

L-Language Arts
M-Math S-Science D-Drama
Mu-Music So-Social Studies A-Art
C-Creative Problem Solving Team Member (e.g, DI)

Name	curiosity	good memory	quick learning	large vocabulary	concentration	abstract thinking	ability to see relationships	sensitivity	keen sense of justice	mature sense of humor	skill at improve., dramatization, storytelling	Total # of Characteristics Checked	Recommendation 1-4	Subjects	Comments
Smith, John	√	√	√	√			√	√			√	8	3	L,M,S	Writes science fiction