



# Pompano Beach High School Summer Camp for the Gifted Teachers Recommendation Form

Students Name \_\_\_\_\_

Grade \_\_\_\_\_

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:

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Teacher Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Teachers please send directly to Pompano Beach High  
Fax # 754 322-2130 or Email to  
[William.Strachan@browardschools.com](mailto:William.Strachan@browardschools.com)