Hofstra University Gifted Program Letter of Recommendation Form
Hofstra University - Oak Street Center - 101 Oak Street, Uniondale, NY 11553
Phone: 516-463-2267 / Fax: 516-463-6114 / Email: ce-camps@hofstra.edu

MUST BE FILLED OUT BY SCHOOL EDUCATOR AND MAILED OR FAXED TO HOFSTRA UNIVERSITY

Please Print:

_________________________  ___________________________  ___________________________
Student’s Last Name       Student’s First Name       Grade

_________________________  ___________________________
Name of School Camper Attends       Educators Name       Title

Considering all of the students that you have taught or known during your professional career, please rank this student in the following categories:

Academic Potential □ □ □ □ □ □
Academic Performance □ □ □ □ □ □
Creative Thinking □ □ □ □ □ □
Critical / Analytical Thinking □ □ □ □ □ □
Problem-Solving Ability □ □ □ □ □ □
Task Commitment □ □ □ □ □ □
Study/Organizational Skills □ □ □ □ □ □
Time Management □ □ □ □ □ □
Intellectual Curiosity □ □ □ □ □ □
Verbal/Written Skills □ □ □ □ □ □
Mathematical Skills □ □ □ □ □ □

In your professional opinion, what is the likelihood of this student succeeding in a gifted program?

☐ I believe this student will be extremely successful  ☐ I believe this student will be quite successful
☐ I believe this student will be somewhat successful  ☐ I believe this student will have some difficulty being successful
☐ I believe this student will have substantial difficulty being successful

Please write a brief statement about this student, indicating both strengths and weakness

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Signature of Educator  Date