

## 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](mailto: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:

	Below 1/3	Top 30%	Top 20%	Top 10%	Top 5%	Top 3%
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

Signature of Educator

Date