HOFSTRA UNIVERSITY
Summer Camps

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:

	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

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