

RECOMMENDATION FORM

To Parents/Guardians:		
Please complete this top section and then pro	ovide the form to your ch	ild's teacher.
Student's Name:	Date of Birth:	Gender:
Name & Address of School Currently Attend		V/DD/YYYY)
School Phone Number:		
I, the parent/guardian, authorize my child's of Primoris Academy for admissions purposes. understand that it will become part of my child	I waive my rights to this	s recommendation form and
Signature of Parent/Guardian:		Date:
To the Recommending Teacher: The student above is applying to Primoris A needs of gifted and/or advanced learners. Primoris by providing candid retime to complete this confidential form.	Please help us determine	this student's potential for
Name of Recommender:	Position	/Title:
May we contact you for further information,	if needed? YES /	NO
Phone:	Email:	
Preferred Method of Contact:	TITIN	
How long have you known the student?	110,	
Please list the course(s) you have taught him accelerated, general, support, etc.):	/her, and their difficulty	levels (college preparatory,

	nt's academic performance in	J	
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	nt's academic strengths and monstrate above-grade-level	weaknesses, including any subject area l abilities:	s in
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	parity in the student's acade dent, and how does he/she re	emic abilities? What areas of the curricuespond to those challenges?	ılum
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lease describe the studen	nt's behavior in a group setti	ng:	
lease describe the studen	nt's behavior in a group setti	ng:	

Please comment on the student's social maturity, response to stress, and frustration levels:		
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Exceptional	Above- Average	Average	Needs Development	Area of Concern	
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Additional comments, if any:	
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In your professional opinion, how would you readvanced learners?	ecommend this child to a school for gifted and/or
☐ Highly recommend	
□ Recommend	
☐ Do not recommend because:	
Recommender's Signature:	Date: