



SIG Program 2010

General Inquiries
River Plaza · 9 West Broad Street
Stamford, CT 06902-3788
(866) 303-4744 toll free
Fax (203) 399 – 5455

www.giftedstudy.org

Dear SIG Applicant:

Thank you for your interest in the Summer Institute for the Gifted. The following recommendation form may be used toward admittance into a 2010 SIG program if no local gifted program exists in your community and/or you are unable to submit appropriate test scores from standardized tests or talent searches. If your school does have a gifted program, then the teacher should forward documentation of your participation to SIG and no further recommendation is required.

For Residential & Commuter Program Applicants: Two recommendation forms are required to be completed. Have one of the forms completed by a teacher who knows your academic achievements and the other completed by a school administrator who is also familiar with your work.

For Day Program Applicants: Two recommendation forms are also required to be completed by a teacher, administrator or, **for day students only**, a parent may complete one of the forms.

If your school system will not provide a recommendation, we will also accept those written by private instructors including tutors, music or art instructors, or other individuals familiar with your accomplishments.

The person providing the recommendation should complete the form and return it directly to the address listed at the bottom. They should not send it back to you. Also be sure to provide these individuals with a copy of our catalog so that they can gain a better understanding of the type of program to which you are applying.

When we have received **both** of the recommendation forms, we will review your entire application and notify you of your status.

Please contact us if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Barbara Swicord'.

Barbara Swicord
President & CEO, Summer Institute for the Gifted

The Summer Institute for the Gifted is the program of the National Society for the Gifted (www.nsgt.org), a not-for-profit 501(c)(3) foundation.



2010 Student Recommendation Form

SIG provides gifted students with an exciting and challenging three-week academic, social, cultural, and recreational experience. Letters of recommendation are accepted toward admittance in cases where no local gifted program exists. We appreciate your evaluation of this student’s potential and performance to determine whether placement in this selective program is appropriate. Thank you in advance for your thoughtful consideration of this student.

To be completed by the Parent or Guardian:

Student’s Name: _____
(Last) (First) (Middle)

Applying for the SIG session at: _____ Grade Level: _____
(Campus Location) (2009-2010)

To be completed by the Teacher or Administrator:

Recommender’s Name: _____
(Last) (First) (Title)

Job Title: _____ Relationship to Student: _____

Phone #: _____ E-Mail: _____

School Name & Address: _____

How long have you been familiar with the student’s work? _____

What are the first three words that come to mind to describe this student? _____

What words best describe the student’s thinking process?

☐ Imitative ☐ Independent ☐ Creative ☐ Other: _____

What are the student’s strengths?

Does this student have any particular interests or affinities you would like to share with us?

How would you rank the student in the following areas compared with other students of the same age range?

Please √ appropriate box	Below Average	Average	Good	Excellent	Outstanding
Character					
Intellectual Curiosity					
Potential for Growth					
Native Intellectual Ability					
Maturity / Stability					
Academic Potential					
Academic Performance					
Creativity					
Critical/Analytical Thinking					
Problem-Solving Ability					
Task Commitment					
Study/Organizational/Time Management Skills					
Intellectual Curiosity					
Verbal/Written Skills					
Mathematical Skills					
Leadership					
Performance in any arts area – Creative, Dramatic, Visual					
Overall Probability of Success at SIG					

Please indicate the level at which the student is currently working in most of the areas listed above:

- ☐ At Grade Level
- ☐ 1 Grade Above
- ☐ 2 or More Grades Above
- ☐ Unable to Evaluate

Please write briefly about this student, indicating both strengths and weaknesses and highlighting any specific outstanding contributions this student has made to the school or community.

Signature of Recommender

Date

Please return this form directly to:

Admissions

Summer Institute for the Gifted

9 West Broad Street, River Plaza

Stamford, CT 06902-3788

Fax (203) 399-5455

Email sig.info@giftedstudy.org