

# Ohio County Schools Gifted and Talented Program Teacher Recommendation Form

## Leadership

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Indications:** (check all that apply)

Elected to office (in or out of school)

Office \_\_\_\_\_ Organization \_\_\_\_\_

Office \_\_\_\_\_ Organization \_\_\_\_\_

Entrepreneur: type of business \_\_\_\_\_

Influences other students or adults

Responsibilities (assumed or assigned)

Leadership letters of recommendation from adults (in or out of school).

**Anecdotal:** Please comment on student

Leadership portfolio entries / work samples

Level of performance

Special strengths and weaknesses

Needs caused by giftedness

Ability to work independently and focus responsibility on leadership tasks

Additional information that you believe is relevant (attachment).

**(MUST BE COMPLETED FOR RECOMMENDED STUDENT)**

Please check the characteristics that accurately describe the TYPICAL behavior of this student.

Influences others to work toward desired goals.

Is looked to by others when decisions need to be made.

Tends to dominate peers or situations.

Initiates activities that involve peers

Transmits enthusiasm to others.

Judges other's abilities and finds a place for them.

May appear "bossy" at times.

Interacts easily with both children and adults.

Is sought by other students for activities.

Has sense of justice and fair play, shows sensitivity for other's feeling or situations.

Is self-confident and reliable (can be counted on to keep a promise).

Makes things happen!