



Teacher Evaluation Form

(Form may also be completed online: tinyurl.com/GRCSTL)

Child's Name _____ Grade _____

School _____ District _____

Your name _____ Phone # _____

Capacity in which you know the child _____

We are asking for a few moments of your time to help us evaluate the above-named student as a candidate for our summer program for bright and talented students. As an education professional who works closely with this student, you are in the best position to provide the kind of information that we need to ensure a positive experience for our students. Please fill out the rating scale and return it to us as quickly as possible. Applicants cannot be considered for admission until your evaluation is received. If you have any questions regarding any Gifted Resource Council program or the completion of this form, please call us at 314-962-5920.

Please rate from 1 (disagree) to 5 (agree)	1	2	3	4	5
Has unusually advanced vocabulary for age or grade level					
Has quick mastery and recall of factual information					
Has a rapid insight into cause-effect relationship; tries to discover the <i>how</i> and <i>why</i> of things					
Is a keen and alert observer; usually sees more and gets more out of a story, video, etc., than others					
Becomes absorbed and truly involved in certain topics or problems; is persistent in seeking task completion					
Is comfortable working with minimal direction from teachers					
Is quite concerned with right and wrong, good and bad; often evaluates and passes judgment on events, people and things					
Displays a great deal of curiosity about many things; is constantly asking questions about anything and everything					
Generates a large number of ideas or solutions to problems and questions; often offers unusual, unique, or clever responses					
Displays a keen sense of humor and sees humor in situations that may not appear to be humorous to others					

How would you describe this child academically in your class? _____

How would you describe this child behaviorally in your class? _____

Does this child receive any special services? _____

Is there anything else we should know that would help this child have a positive experience at summer camp? _____

Please return this form to info@giftedresourcecouncil.org, or you can mail to:

Gifted Resource Council, 10425 Old Olive Street Rd., Ste. LL1, Creve Coeur, MO 63141.

Thank you!