

**SummerStars & SummerStars Bound  
Teacher Recommendation Form**

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

1. What characteristics have you noticed that indicate this student would benefit from a special program for the gifted and talented?

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2. Please list available test data that indicate the student's exceptional abilities:

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3. In addition to this objective evaluation of the student's general intellectual ability or specific academic aptitude, we are equally interested in evidence of special abilities in creative and productive thinking, visual and performing arts, and leadership. Please comment about these special abilities as they pertain to this student.

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4. Describe the student's self discipline and respect for rules and persons of authority that would insure good participation in the program if accepted.

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**For Additional Information Call**

Creative Arts Theatre & School  
(817) 861-2287 or metro (817) 265-8512

[Http://www.creativearts.org/](http://www.creativearts.org/) email: [cats@creativearts.org](mailto:cats@creativearts.org)

Please mail Teacher Recommendation Form to:

Creative Arts Theatre & School  
1100 W. Randol Mill Road  
Arlington, Texas 76012

Or you may Fax the Teacher Recommendation Form to (817) 274-0793.