



SUMMER SCHOLARS PROGRAM

900 Dutchess Turnpike, Poughkeepsie, New York 12603
Phone: 845.486.4840 | Fax: 845.486.4832

FACULTY RECOMMENDATION FORM

Please submit the completed/signed form to the Guidance Office by **Friday, April 3, 2009.**

District/School: _____

Student Name: _____

Name of Faculty member completing form: _____

Subject(s) and/or Activity(ies) involving you with the above nominee:

Indicate the behaviors this student exhibits by checking the appropriate boxes.

<input type="checkbox"/>	Learns rapidly	<input type="checkbox"/>	Has a strong need to know	<input type="checkbox"/>	Adept at using abstract thinking skills
<input type="checkbox"/>	Uses sophisticated communication skills	<input type="checkbox"/>	Has a long attention span	<input type="checkbox"/>	Makes unusual associations
<input type="checkbox"/>	Sees and creates unique patterns of meaning	<input type="checkbox"/>	Has intense or broad interests	<input type="checkbox"/>	Intellectually playful
<input type="checkbox"/>	Discerns discrepancies	<input type="checkbox"/>	Retains information easily	<input type="checkbox"/>	Imaginative

What evidence do you have that this student is an exceptional learner?

Faculty Member's Signature _____ Date _____

Dutchess County Board of Cooperative Educational Services

Administrative Offices: 845.486.4800

www.dcboces.org

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