

**2019 ARKANSAS GOVERNOR'S SCHOOL
SCHOOL RECOMMENDATION FORM**

(No attachments allowed, except student transcript.)

NAME: _____
(Last) (First) (Middle)

GENDER: _____ **RACE**

ADDRESS _____ **TELEPHONE** (____) _____
(Street) (City) (Zip Code)

HIGH SCHOOL _____ **TELEPHONE** (____) _____

ADDRESS _____ **SCHOOL DISTRICT** _____

COUNTY _____ **POPULATION OF JUNIOR CLASS** _____

1. FORMAL TEST DATA. Give names of tests, dates administered, and appropriate standard score and percentile scores. Please provide as much data as possible. Include sub-test scores for areas of application. Test data should not be more than two years old and should be verified.

			COMPOSITE		SUB-SCORE		
TEST	NAME	DATE	Standard Score	Natl. Percentile	Standard Score	National Percentile	
Mental Ability: Group							
Mental Ability: Individual							
SAT	N/A				Verbal		
					Math		
					Writing		
PSAT/NMSQT	N/A				Verbal		
					Math		
					Writing		
ACT Test Scores and sub-scores					Math		
					Science		
					STEM		
					English		
					Reading		
					Writing		
ACT Aspire					Math		
					Science		
					STEM		
					English		
					Reading		
					ELA		
Creativity					N/A		
						Plan	Other
Achievement Group: (please identify) <ul style="list-style-type: none"> • Plan • Other academic test 	_____				Reading		
					Math		
					Soc. Sci.		
					Nat. Sci.		
Other							

2. ADDITIONAL INFORMATION. TO BE COMPLETED BY A FACULTY MEMBER, COUNSELOR, AND/OR ADMINISTRATOR

STUDENT'S NAME	(LAST)	(FIRST)	(MIDDLE)

In order for the selection committee to be able to make a more informed decision. This section is for information which may not have been presented in other parts of the application. Completion of this section may require the help of individuals who have extensive knowledge of the student, his or her talents, ambitions, curricular or social needs, future plans, or other needs, etc. Other people could be contacted in order to provide a summary of relevant information about the student. Limit remarks to available space. This should be typed and should not exceed 3,000 characters.

Name: _____ Signature: _____ Relationship to Student: _____

STUDENT'S NAME (LAST)	(FIRST)	(MIDDLE)

3. STUDENT EVALUATION				
(TO BE COMPLETED BY FACULTY MEMBER, COUNSELOR, AND/OR ADMINISTRATOR. SOLICIT INPUT FROM OTHERS FAMILIAR WITH SPECIFIC ASPECTS OF THE STUDENT'S ABILITIES AND INTERESTS, IF NECESSARY.)				
<i>Please note: A student who is not successful in a regular school environment is unlikely to be successful at AGS. Submit nominations only if students are willing and able to attend and participate fully in the entire school.</i> Please check the appropriate box, using this scale: 1 indicates a low demonstrated ability; 5 a high demonstrated ability. You may attach a separate typed page providing comments or examples to support your evaluation. Include any unusual circumstances in this nominee's life that create a particular need for consideration. Please check here if you have attached a separate page of comments.				
1 (Low ability)	2	3	4	5 (High ability)
Nominee has the ability and desire to cope successfully with advanced concepts, materials, and activities.				
Nominee has a positive attitude about exploring new and different concepts and areas of study, including those in which he or she may not be proficient.				
Nominee shows maturity and consideration for others.				
Nominee has demonstrated the ability to meet or exceed expectations of behavior.				
Nominee can participate fully in a demanding schedule of activities and classes.				
Nominee can use self-directed time wisely.				
Nominee is likely to participate fully in interdisciplinary experiences, including student-created presentations.				
Nominee is likely to participate actively in and complete the entire four-week program.				

Name _____ Signature _____ Relationship to Student _____

4. DATA TO BE ATTACHED: Please make a readable copy of this student's transcript and attach it to this form. **It must show fifth semester grades and sixth semester courses.**

ATTEST: We have discussed pertinent information in this application with this student and agree that he/she is interested in participating in the Arkansas Governor's School. To the best of our knowledge the student completed student forms independently.

School District/Location

Signature of Superintendent, Headmaster, Principal, or Parent if homeschooled
(Please indicate which one)

Person Preparing School Recommendation

Preparer's Position

Preparer's Telephone Number

School official who viewed student's recorded audition

Position

***Please note that uploaded, private YouTube videos should be reviewed. DVD formats should be viewed using a computer as well as a DVD player.**