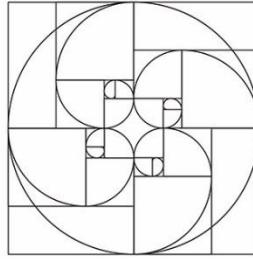


GALASA

GIFTED & ADVANCED LEARNING ACADEMY OF SOUTH AFRICA



TEACHER REFERRAL FORM

Please submit this form directly to GALASA via the addresses provided below, for attention Mr. D. Silman. For any queries please phone 083 554 7647.

Please return to: email: davidsilman@galasa.org.za

STREET ADDRESS

POSTAL ADDRESS

38 Oxford Road

P.O Box 5168

Parktown

Raedene

Johannesburg

Johannesburg

2193

2124

Applicant's Name: _____

The pupil named above has made application to GALASA, a school for intellectually gifted children. Your thoughtful insights will help us determine if he/she would benefit from placement in such a specialist school. Please note that questions are intentionally broad and require subjective responses. Your comments will remain confidential and accessible only to GALASA senior management.

1. How long have you known the applicant? _____

2. How does he/she interact with other children?

3. How does he/she interact with adults?

4. Please evaluate and mark the most appropriate academic and personal characteristic.

- Understanding of concepts: excellent very good average below average poor
- Homework preparation: excellent very good average below average poor
- Attention to detail: excellent very good average below average poor
- Seeks extra help when needed: excellent very good average below average poor
- Attentive in class: excellent very good average below average poor
- Follows Directions: excellent very good average below average poor
- Long-term retention: excellent very good average below average poor
- Curiosity: excellent very good average below average poor
- Effort: excellent very good average below average poor
- Organizational skills: excellent very good average below average poor
- Class participation: excellent very good average below average poor
- Integrity: excellent very good average below average poor
- Honesty: excellent very good average below average poor
- Motivation: excellent very good average below average poor
- Self-discipline: excellent very good average below average poor
- Leadership: excellent very good average below average poor
- Self-confidence: excellent very good average below average poor
- Concern for others: excellent very good average below average poor
- Emotional maturity: excellent very good average below average poor
- Response to criticism: excellent very good average below average poor
- Reaction to frustration: excellent very good average below average poor

- Responsibility: excellent very good average below average poor
- Perseverance: excellent very good average below average poor
- Implementing suggestions: excellent very good average below average poor
- General Conduct: excellent very good average below average poor

5. Do you have any reservations about his/her attending GALASA?

6. Please use the space below to share any additional insights regarding the applicant.

Referee Information

Name: _____

School name: _____

Position: _____

Date: _____ Cell _____ E-mail: _____

Thank you for taking the time and making the effort to complete this recommendation form. Your assessment is an important part of the pupil's application.

Signature _____ Date _____

GALASA admits pupils of any race, gender, religion and ethnicity to all the rights, privileges, programs, and activities generally accorded or made available to pupils of the school. It does not discriminate on the basis of race, gender, religion or ethnic origin in the execution of any of its policies and programmes.