YOUNG MASTERMINDS CLUB PROGRAM

Teacher Nomination Form

To ensure that your child is able to engage with the learning experiences involved in the Young Masterminds Club program and benefit from club membership, it is important for us to have confirmation from your child’s teacher that your child is achieving highly within their class and is able to do all of the following:

Name of Teacher: __________________________________________________________

Name of Student: __________________________________________________________

Year Level of Student: ______________________________________________________

STUDENT IS CONSISTENTLY ACHIEVING WITHIN THE TOP 10% OF THEIR YEAR GROUP:

☐ Yes ☐ No

STUDENT CONSISTENTLY DEMONSTRATES THE FOLLOWING BEHAVIOURS:

☐ Can manage their impulsivity, sit and actively listen to instructions
☐ Makes appropriate behaviour choices
☐ Can follow instructions with no or minimal assistance
☐ Can maintain sustained focus for appropriate lengths of time
☐ Is able and confident to write a short paragraph
☐ Is willing and able to work positively with others
☐ Enjoys sharing their ideas and thoughts verbally
☐ Enjoy participating in unfamiliar and challenging activities

____________________________ is talented in the following areas:

__________________________________________________________________________

and will benefit from participating in the Masterminds Club Program because:

__________________________________________________________________________