



ISAAGNY Form Instruction Sheet

We greatly appreciate your taking the time to complete this form, as we recognize that this is an added responsibility. It provides one way of getting to know the student and is reviewed with the understanding that students are constantly changing and developing. We place particular value on your observations of classroom behavior.

Preparers and recipients are expected to maintain the information in strict confidence. Preparers and recipients are prohibited from sharing this information with parents/guardians/students, and ISAAGNY does not provide this information to parents/guardians/students unless required by subpoena or court order.

This instruction sheet is designed to provide guidance as you complete the form. If you have any questions, please feel free to contact inquiry@isaagny.org. **Do not send completed forms to inquiry@isaagny.org, as we do not process or forward paperwork.** All completed forms should be sent directly to the school(s) to which each student is applying.

We recognize that [ISAAGNY](http://isaagny.org) (Independent School Admissions Association of Greater New York) is made up of many member schools, each of which has its process and application software platform. As a result, you may receive multiple requests to complete the same form. Please check with the applicant's family if you have any questions about where the forms need to be submitted.

- We suggest you submit this form no earlier than November 1 so that you have time to get to know the student before completing this form. Your assessment should be based on who they are in your class this year.
- If you cannot speak to the student's current performance or are not currently teaching the student, you are likely not the appropriate person to be completing the form (the exception is those filling out the General Recommendation form for Middle/Upper School applicants).
- When completing the form, please keep in mind the student's relative age within their class cohort.
- Please provide a candid assessment of the student's ongoing development, strengths, and areas with room for improvement.
- If you are unsure of the answer to a question, please indicate that and add more notes at the end of the section.
- We highly recommend saving a copy of the completed version of this form just in case there are technology glitches.
- The comment boxes are very helpful to admission offices. Please provide specific examples. We would appreciate 3-4 sentences in each comment box. Please focus your comments on the most recent observations of the child's progress, skills, and development. Include any useful anecdotes that would help to highlight the child's strengths and personality.

We greatly appreciate your taking the time to complete this form. It provides one way of getting to know the student and is reviewed with the understanding that students are constantly changing and developing. Our intention is to establish a dynamic understanding of the student, and your observations and descriptions are essential in this process. Preparers and recipients are expected to maintain the information in strict confidence and to refrain from sharing it with students, parents, or guardians.

Student's Name: _____ Applying for Grade: _____

Birthdate: _____ Current School: _____

Teacher's Name, Title, Email, Phone: _____

In which course do you teach this student? _____

Are you currently teaching this student? _____

How long have you known this student? _____

In what other ways, if any, do you know this student? _____

What grade is the student currently earning? _____

Does the student's performance accurately reflect ability? Please explain. _____

How often is the class asked to write, and what is the average length of the assignments? _____

What texts does your class read? _____

Does the student read independently? _____

What are the first three words or phrases that come to mind to describe this student? _____

The student's greatest strength in my class is: _____

An area of growth for this student is: _____

Please describe the style of learning environment in which you see this student thriving.

To the best of your ability, please rate the student in each of the following areas:

Academic achievement	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Reading comprehension	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Highly developed
Ability to interpret/analyze texts	<input type="checkbox"/> Limited	<input type="checkbox"/> Fair	<input type="checkbox"/> Frequently perceptive	<input type="checkbox"/> Exceptionally perceptive
Writing mechanics and organization	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Highly developed
Ability to express ideas verbally	<input type="checkbox"/> Limited	<input type="checkbox"/> Has some difficulty	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional
Daily preparation & study habits	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Follows directions	<input type="checkbox"/> Rarely	<input type="checkbox"/> Needs much explanation	<input type="checkbox"/> Occasionally needs help	<input type="checkbox"/> Quickly and effectively
Classroom conduct	<input type="checkbox"/> Frequent disruptions	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Usually good behavior	<input type="checkbox"/> Good conduct
Attention & level of engagement	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Occasionally distracted	<input type="checkbox"/> Usually good focus	<input type="checkbox"/> Exceptional focus & engagement
Motivation & initiative	<input type="checkbox"/> Low	<input type="checkbox"/> Occasionally evident	<input type="checkbox"/> Evident	<input type="checkbox"/> Exemplary
Seeks help when needed	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Reaction to criticism/feedback	<input type="checkbox"/> Defensive	<input type="checkbox"/> Ignores criticism	<input type="checkbox"/> Developing	<input type="checkbox"/> Uses criticism to improve
Participation in discussion	<input type="checkbox"/> Wants to dominate	<input type="checkbox"/> Rarely contributes	<input type="checkbox"/> Quiet but actively engaged	<input type="checkbox"/> Joins in readily
Ability to work independently	<input type="checkbox"/> Has great difficulty	<input type="checkbox"/> Needs help frequently	<input type="checkbox"/> Needs help occasionally	<input type="checkbox"/> Always works well
Ability to work in a group	<input type="checkbox"/> Has great difficulty	<input type="checkbox"/> Sometimes has difficulty	<input type="checkbox"/> Usually effective	<input type="checkbox"/> Always works well
Curiosity	<input type="checkbox"/> Limited curiosity	<input type="checkbox"/> Occasionally evident	<input type="checkbox"/> Frequently evident	<input type="checkbox"/> Consistently evident

Creativity	<input type="checkbox"/> Limited creativity	<input type="checkbox"/> Occasionally evident	<input type="checkbox"/> Frequently evident	<input type="checkbox"/> Highly developed
Maturity	<input type="checkbox"/> Immature	<input type="checkbox"/> Occasionally immature	<input type="checkbox"/> Appropriate for age	<input type="checkbox"/> Highly developed
Integrity with peers/teachers	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Self-confidence	<input type="checkbox"/> Appears overly confident	<input type="checkbox"/> Needs much reassurance	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Positive self-image
Social relationships with peers	<input type="checkbox"/> Relates poorly	<input type="checkbox"/> Has occasional problems	<input type="checkbox"/> Usually relates well	<input type="checkbox"/> Healthy relationships
Interactions with adults	<input type="checkbox"/> Interacts poorly	<input type="checkbox"/> Has occasional problems	<input type="checkbox"/> Usually interacts well	<input type="checkbox"/> Healthy interactions

Overall, I recommend this individual:

As a student:	<input type="checkbox"/> With reservation	<input type="checkbox"/> Fairly strongly	<input type="checkbox"/> Strongly	<input type="checkbox"/> With great enthusiasm
As a person:	<input type="checkbox"/> With reservation	<input type="checkbox"/> Fairly strongly	<input type="checkbox"/> Strongly	<input type="checkbox"/> With great enthusiasm

Please share anything else about the student you feel would be important for us to know. You may also describe extenuating circumstances related to any of the aforementioned areas above. We appreciate your thoughtful responses and will be sure to take all aspects of the student's profile into consideration.

Best number to call should the Admission Office(s) have questions: _____

Teacher's signature: _____

Date: _____