

# Association of Independent Schools of Greater Washington (AISGW) Common Confidential Student Evaluation (2<sup>nd</sup>-12<sup>th</sup> Grade Applicants)

*Please submit the completed form to the school to which the student is applying.*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Applying to Grade \_\_\_\_\_  
Last First Middle Month/Day/Year

**To the parent/guardian:** Complete the above information and read/sign the statement below. Give a signed copy of this form to your child's teacher(s) and request that it be sent directly to the school(s) to which your child is applying by each school's due date. The AISGW schools abide by the policy that all information provided on this form will be held in the strictest confidence and will not, directly or indirectly, be shared with students, parents or guardians.

*For the child named above, I hereby waive my right to access this recommendation and authorize the person completing this form to provide an evaluation and all relevant information to the designated schools for purposes of my child's admission application. I also grant permission to the Admission Office to contact the recommender for clarification or questions about the information provided.*

Name of parent/guardian (please print) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Signature of student entering 9<sup>th</sup> grade or above \_\_\_\_\_

**To the person completing this form:** We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing and developing. *This form is only one piece of the student's profile to be used in our assessment process and will not become part of the student's permanent record. If the applicant and applicant's parent/guardian has signed the waiver above, your recommendation will be kept confidential to the extent permitted by law.*

Form completed by (print name) \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

School name \_\_\_\_\_ Director/Principal's name and email \_\_\_\_\_

How long have you known this student? \_\_\_\_\_ Do you currently teach this student? \_\_\_\_\_ Size of instructional group \_\_\_\_\_

Course taught: \_\_\_\_\_ Texts used: \_\_\_\_\_

What three words come to mind when describing this student?  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please describe any unique attributes or circumstances of this student (e.g, bilingual, special talent, unique family situation)  
 \_\_\_\_\_

**For each item in the tables below, please check the most appropriate description of this student.**

Personal Characteristics	Advanced for age	Appropriate for age	Emerging	Needs Improvement	Did Not Observe	Comments
Ability to work in a group						
Ability to work independently						
Intellectual curiosity						
Imagination						
Motivation/Effort						
Leadership potential						
Classroom conduct						
Self-confidence						
Respect for teachers						
Reaction to criticism						
Integrity/Trustworthiness						
Persistence						
Relationship with peers						
Accepts responsibility for actions						
Ability to problem-solve						
Demonstrates self-control						
Consideration of others						
Maturity						
Sense of humor						
Seeks advice/help when needed						
Resilience/Ability to recover from difficulty						
Social awareness						
Willingness to listen to others						

**Academic Performance**

	Advanced for age	Appropriate for age	Emerging	Needs Improvement	Did Not Observe	Comments
Academic ability						
Academic performance						
Participation in discussions						
Ability to express ideas orally						
Ability to express ideas in writing						
Follows directions						
Prepared for class						
Attention span						
Use of class time						
Seeks help when needed						

What are this student's strengths/gifts? \_\_\_\_\_

What are this student's challenges? \_\_\_\_\_

Describe this student's approach to learning and indicate what kind of classroom environment would be a good match for this student.

**Family Information**

	Consistently	Usually	Sometimes	Rarely	Did Not Observe
Has realistic expectations for their child					
Communicates openly with the school					
Follows the rules and policies of the school					
Cooperates with classroom teachers					
Follows through with school recommendations					
Cooperates with school administration					
Participates in school activities					

Comments: \_\_\_\_\_

Is there information about this student that would be better discussed by telephone? Yes  No

Your signature \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_