

The Association of Independent Schools of Greater Washington (AISGW) Common English Teacher Recommendation Form for Students Entering Grades 6-12

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

Applicant Name: _____ **Applying to Grade:** _____

To the Applicant's Parent or 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.

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 school(s) 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.

Signature of student entering 9th grade or higher: _____ **Date:** _____

Signature of parent or legal guardian or student over age 18: _____ **Date:** _____

To the Teacher: AISGW schools share a commitment to a college preparatory curriculum in a supportive atmosphere. These schools seek a student body representative of the diverse population of the greater Washington, D.C. area. All AISGW schools have financial aid programs. With this background in mind, 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 applicant's permanent record. If the applicant and the applicant's parent/guardian have signed the waiver above, your recommendation will be kept confidential to the extent allowed by law.***

Name: _____ Position: _____

Do you currently teach this student? _____

If applicable, please indicate how many years and which grades you previously taught this student: _____

What is the size of the instructional group in which you teach/taught this student? _____

Subject(s) you teach/taught student: _____ Grade(s) Received: _____

School: _____ School Phone: _____

School Address: _____ City: _____ Zip: _____

Email: _____

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

| ACADEMIC QUALITIES | One of the Best Ever | Excellent | Good | Average | Below Average | Poor | No Opportunity to Observe |
|---------------------------------------|-------------------------|-----------|------|---------|------------------|------|---------------------------------|
| Study Habits | | | | | | | |
| Attention Span | | | | | | | |
| Ability to Work Independently | | | | | | | |
| Organizational Skills | | | | | | | |
| Ability to Communicate Ideas | | | | | | | |
| Motivation | | | | | | | |
| Intellectual Curiosity | | | | | | | |
| Critical and Abstract Thinking Skills | | | | | | | |
| Level of Engagement | | | | | | | |

| PERSONAL QUALITIES | One of the Best Ever | Excellent | Good | Average | Below Average | Poor | No Opportunity to Observe |
|----------------------------------|-------------------------|-----------|------|---------|------------------|------|---------------------------------|
| Creativity | | | | | | | |
| Self-Confidence | | | | | | | |
| Leadership Potential | | | | | | | |
| Reaction to Criticism | | | | | | | |
| Reaction to Setbacks | | | | | | | |
| Concern for Others | | | | | | | |
| Personal Conduct | | | | | | | |
| Personal Integrity | | | | | | | |
| Ability to Act Independently | | | | | | | |
| Ability to Work Cooperatively | | | | | | | |
| General Level of Maturity | | | | | | | |
| Sense of Humor | | | | | | | |
| Interaction with Teachers/Adults | | | | | | | |
| Social Relationship with Peers | | | | | | | |

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: _____

1. Please compare this student's academic achievement to his/her ability.

2. Please comment on the student's reading and writing skills. How would you assess this student's reading skills and general interest in reading?

3. What are the merits and weaknesses of this student's written work?

4. What are this student's overall academic strengths and weaknesses?

5. Briefly describe the content of your course. What are the frequency, nature, and length of reading and writing assignments in and outside of class?

6. Have absences in any way affected the student's classroom performance?

7. Please comment on the student as a person. (Consider maturity, integrity, behavior, relationships with peers, self-confidence).

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

Please provide a phone number where you can be reached: _____ Ext. _____

I am familiar with the applicant school's program: Very Familiar Fairly Somewhat Not at All

| I recommend this student | Enthusiastically | With Confidence | Somewhat | With Reservation | Not at All |
|---------------------------------|-------------------------|------------------------|-----------------|-------------------------|-------------------|
| Academic Ability and Promise | | | | | |
| Character and Personal Promise | | | | | |
| Overall | | | | | |

Please share any additional comments regarding the student's appropriateness for the school named above.

Signature: _____ Date: _____