# Association of Independent Schools of Greater Washington (AISGW) Common Confidential Student Evaluation <br> ( $2^{\text {nd }}-12^{\text {th }}$ Grade Applicants) <br> Please submit the completed form to the school to which the student is applying. 

Student's Name_ Last $\quad$ First Middle $\quad$ Date of Birth $\quad$ Month/Day/Year $\quad$ Applying to Grade

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 $9^{\text {th }}$ 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) $\qquad$ Position $\qquad$ Date

School name Director/Principal's name and email $\qquad$
How long have you known this student? $\qquad$ Do you currently teach this student? $\qquad$ Size of instructional group
Course taught: $\qquad$ Texts used:

What three words come to mind when describing this student?
$\qquad$
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 | $\begin{aligned} & \text { Needs } \\ & \text { Improvement } \end{aligned}$ | 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? $\qquad$

What are this student's challenges? $\qquad$

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:

$\qquad$
$\qquad$
$\qquad$
$\qquad$ Is there information about this student that would be better discussed bytelephone? Yes $\square$ No $\square$ Your signature $\qquad$ Email $\qquad$ Phone $\qquad$

