Association of Independent Schools of Greater Washington (AISGW) Common Confidential Student Evaluation Form (Pre-School-1st Grade Applicants)

Please submit the completed form to the school to which the child is applying.

| Child's Name | Last First | | Middle | Date of Bi | rthMo | nth/Dav/Yea | Applying to Grader | | | | | | |
|---|--------------------------------|------------------|---------------|--------------|---------------|---------------|--------------------|--|--|--|--|--|--|
| To the parent/guardian: Please 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 the form 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 school(s) for purposes of my child's application for admission. I also grant permission to the Admission Office to contact the recommender for clarification or questions about the information provided. | | | | | | | | | | | | | |
| Name of parent/guard | lian (please print) | | | | | | | | | | | | |
| Signature of parent/g | uardian | | | | | | | | | | | | |
| To the person completing this form: The school(s) to which the child named above is applying would appreciate your candid assessment of the applicant's abilities. The questions below ask for your sense of this child's social, physical and pre-academic skill development. This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. It is used in our assessment process and will not become part of the student's permanent record. If the applicant's parent/guardian has signed the waiver above, your recommendation will be kept confidential to the extent permitted by law. | | | | | | | | | | | | | |
| Form completed by (pri | int name) | | | P | osition | | Date | | | | | | |
| School name | | Direc | ctor/Principa | al's name a | nd email _ | | | | | | | | |
| How long have you kno | own this child? | | Do | you curren | tly teach thi | s child? | | | | | | | |
| If so, indicate subject a | rea(s) taught | | | _ What is t | the size of y | our instructi | onal group? | | | | | | |
| Length of school day _ | Number of | days per wee | k | | Date of e | ntry to your | | | | | | | |
| | | | | | | | Month/Year | | | | | | |
| Please describe any ur | ique attributes or circumstanc | es of this child | (e.g. biling | ual, special | talent, uniq | ue family sit | uation) | | | | | | |
| For each item in the tables below, please check the most appropriate description of this child and include a brief comment or example, if applicable Not at Advanced Appropriate Needs Acceptable Did Not Social and Physical Development for age Development Level Observe Comments | | | | | | | | | | | | | |
| Separation from parent | s/guardians/caregivers | | | | | | | | | | | | |
| Interaction with parents | /guardians | | | | | | | | | | | | |
| Ability to share and wor | k cooperatively | | | | | | | | | | | | |
| Ability to wait turn | | | | | | | | | | | | | |
| Cooperative attitude | | | | | | | | | | | | | |
| Resolves conflicts appr | opriately | | | | | | | | | | | | |
| Engages in appropriate | physical interactions | | | | | | | | | | | | |
| Responds positively to | re-direction | | | | | | | | | | | | |
| Respect for own proper | ty | | | | | | | | | | | | |
| Respect for others' prop | perty | | | | | | | | | | | | |
| Accepts responsibility for | or actions | | | | | | | | | | | | |
| Uses language to probl | em solve | | | | | | | | | | | | |
| Demonstrates self-cont | rol | | | | | | | | | | | | |
| Interaction with peers | | | | | | | | | | | | | |
| Interaction with teacher | S | | | | | | | | | | | | |
| Participates in physical | group activities | | | | | | | | | | | | |
| Gross motor coordination | on | | | | | | | | | | | | |
| Body and space aware | | | | | | | | | | | | | |
| Balance, gait, fluidity, si | moothness of movement | | | | | | | | | | | | |

Revised: July 2023

Usually takes role of: ☐ Large group ☐ Small group ☐ Alone

| | Advanced | Appropriate | | Not at Acceptable | Did Not | | |
|--|----------------|-------------|-------------|----------------------|------------|-----------------|-----------------|
| Personal Characteristics | for age | for age | Development | Level | Observe | Comr | nents |
| Self-help skills (clothes, bathroom, lunch, etc.) | | | | | | | |
| Self-motivation | | | | | | | |
| Self-confidence in approaching tasks | | | | | | | |
| Acceptance of limits | | | | | | | |
| Sense of humor | | | | | | | |
| Curiosity | | | | | | | |
| Attention span for self-chosen activity | | | | | | | |
| Usually takes role of: ☐ Leader ☐ Follower ☐ Varie | es Advanced | Appropriate | Needs | Not at Acceptable | Did Not | | |
| Pre-Academic Characteristics | for age | for age | Development | Level | Observe | Comments | |
| Fine motor coordination (lacing, puzzles, etc.) | | | | | | | |
| Uses appropriate pencil grip | | | | | | | |
| Draws with details | | | | | | | |
| Works with manipulatives | | | | | | | |
| Speech is clear and understandable | | | | | | | |
| Vocabulary | | | | | | | |
| Ability to stay on discussion topic | | | | | | | |
| Tells story events in sequence (memory) | | | | | | | |
| Asks questions to extend understanding | | | | | | | |
| Sound-symbol correspondence | | | | | | | |
| Recognizes upper case letters | | | | | | | |
| Recognizes lower case letters | | | | | | | |
| Recognizes numerals | | | | | | | |
| Recognizes shapes | | | | | | | |
| Transitions easily | | | | | | | |
| Listens to directions | | | | | | | |
| Follows directions and completes tasks | | | | | | | |
| Attention span for teacher-led activity | | | | | | | |
| Ability to work independently | | | | | | | |
| Ability to focus and contribute in large group | | | | | | | |
| Ability to focus and contribute in small group | | | | | | | |
| Ability to locus and contribute in small group | | | | | | | |
| For First Grade Applicants: Please describe the child's development of (1) beginning reading skills | | | | | | | |
| What are this child's strengths/gifts? | | | | | | | |
| | | | | | | | |
| What are this child's challenges? What frustrates this ch | ild? | | | | | | |
| Ü | | | | | | | |
| Describe this child's approach to learning and indicate who | at kind of cl | assroom er | nvironment | would be a | good match | for this child. | |
| | | | | | | | |
| Family Information | Consistently | | Usually | s | ometimes | 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: | | | | | | | |
| | | by tolers | no2 Vac | No | | | |
| Is there information about this student that would be better discussed by telephone? YesNo Your signaturePhonePhone | | | | | | | |
| Your signature | E | mail | | | Phone | | |