

**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 9<sup>th</sup> 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. For any rating of "below average" or "poor," please provide an explanation in the Comments section below.**

<b>ACADEMIC QUALITIES</b>	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							

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>PERSONAL QUALITIES</b>	<b>One of the Best Ever</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>	<b>No Opportunity to Observe</b>
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							

**Comments:**

<b>FAMILY INFORMATION</b>	<b>Consistently</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Did Not Observe</b>
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:**

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?

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

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

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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?

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

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

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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

<b>I recommend this student</b>	<b>Enthusiastically</b>	<b>With Confidence</b>	<b>Somewhat</b>	<b>With Reservation</b>	<b>Not at All</b>
Academic ability and promise					
Character and personal promise					
Overall					

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

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_