Association of Independent Schools of Greater Washington (AISGW) **Common Confidential Student Evaluation** (2nd-12th 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		Мо	nth/Day/Year
and request that it be sent of	directly to the school(s) to white	ch your child	is applying	g by each so	hool's due	igned copy of this form to your child's teacher(s) date. The AISGW schools abide by the policy that ectly, be shared with students, parents or guardians.
	e, I hereby waive my right to vant information to the desig					ze the person completing this form to provide admission application.
Name of parent/guardian	(please print)					
Signature of parent/guard	ian					
Signature of student enter	ring 9 th grade or above					
and motivation. We underst <i>This form is only one piece</i>	and the difficulty in evaluating ce of the student's profile to	g a student a be used in	ind are fully our asses	aware that sment proc	children ar ess and w	be candid about this student's academic ability e constantly growing, changing and developing. <i>ill not become part of the student's permanent</i> <i>mmendation will be kept confidential to the</i>
Form completed by (print na	ame)			Pos	sition	Date
School name		Direct	or/Principal	l's name and	l email	
How long have you known t	his student?	Do you	currently te	each this stu	dent?	Size of instructional group
	mind when describing this stu	dent?				
	s below, please check the m	Advanced	Appropriate	Needs	Did Not	
Personal Characteris	STICS	for age	for age	Improvement	Observe	Comments
Ability to work in a group						
Ability to work independen	tly					
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 a	ictions					
Ability to problem-solve						
Demonstrates self-control						
Consideration of others						
Maturity						
Sense of humor						
Seeks advice/help when n	eeded					
Resilience/Ability to recover	er from difficulty					
Social awareness						
Willingness to listen to othe	ers					

Academic Performance	Exceptional	Advanced	Age Appropriate	Emerging	Needs Improvement	Did Not Observe
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				