

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 Month/Day/Year

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.

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.

Name of parent/guardian (please print) _____

Signature of parent/guardian _____ Date: _____

Signature of student entering 9th grade or above _____ Date: _____

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.***

I have known this student for _____ months/years. Classroom Teacher or School Director: _____

Course taught: _____ Texts used: _____

What are some words that come to mind when describing this student? Please be candid and include impressions, both positive and negative as appropriate, regarding the student's academic, social, and personal traits.

What are this student's greatest strengths? _____

What are this student's challenges? _____

Describe this student's approach to learning and/or what kind of classroom environment would be a good match for this student.

For each item in the table below, please check the most developmentally age-appropriate description of this student:

Personal Characteristics	Advanced for age	Appropriate for age	Needs improvement	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					

Comments: _____

For each item in the tables below, please check the most developmentally age-appropriate description of this student:

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

Comments: _____

Family Information	Did Not Observe	Rarely	Sometimes	Usually	Consistently
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: _____

Check here if any information pertaining to this child/family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Form completed by (print name) _____ Position _____ Date _____

Your signature _____ Email _____ Phone _____

School name _____ Director/Principal's email _____

Director/Principal's name _____ Director/Principal's phone _____