

The Association of Independent Schools of Greater Washington (AISGW) Common Math 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.

Signature of student entering 9th 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 peice 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 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.

ACADEMIC QUALITIES	One of the Best Ever	Excellent	Good	Average	Below Average	Poor	No Opportunity to Observe
Study Habits							
Attention Span							
Ability to Work Independently							
Ability to Organize and Communicate Ideas							
Motivation							
Intellectual Curiosity							
Critical and Abstract Thinking Skills							
Level of Engagement							

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

1. This student is enrolled in: Arithmetic Pre-Algebra Algebra Geometry Other _____

Section Level of course: Remedial Regular Advanced Mixed-Ability

Textbook(s): _____

Suggested Math placement for next year: _____

2. Please compare this student's academic achievement to his/her ability.

3. Please describe the student in Math. Compare ability to retain mathematical relationships and principles, draw generalizations, apply basic principles in word problems, and rely on memory versus conceptual process.

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

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

6. Would you be willing to discuss this student by telephone if we have further questions?

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

I recommend this student	Enthusiastically	With Confidence	Somewhat	With Reservation	Not at All
Academic Ability and Promise					
Character and Personal Promise					
Overall					

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

Signature: _____ Date: _____

Please forward to: Susan Hower, Director of Admissions
Fax: 703.771.1346
Email: Susan.Hower@lcds.org
Loudoun Country Day School 20600 Red Cedar Drive, Leesburg, VA 20175
703.777.3841