

Association of Independent Schools of Greater Washington (AISGW)

Common Confidential Student Evaluation (2nd-12th Grade Applicants)

This form must be submitted by the teacher *directly* to: Susan Hower, Director of Admissions
Email (preferred): Susan.Hower@lcids.org **Fax:** 703.771.1346

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. 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 schools 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.

Name of parent/guardian (please print) _____

Signature of parent/guardian _____

Signature of student entering 9th grade or above _____

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.***

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

School name _____ Director/Principal's name and email _____

How long have you known this student? _____ Do you currently teach this student? _____ Size of instructional group _____

Course taught: _____ Texts used: _____

What three words come to mind when describing this student?
 _____ / _____ / _____

Please describe any unique attributes or circumstances of this student (e.g. bilingual, special talent, unique family situation)

For each item in the tables below, please check the most 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					

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 _____

Addendum to AISGW Confidential Student Evaluation: COVID-19 Learning Experience

This addendum was developed to help applicant schools better understand a student's learning experience during COVID-19. The information provided will be considered together with information shared on the standard form about traditional in-person learning.

Have you taught this student in a distance learning or hybrid setting? Yes _____ No _____

If so, please elaborate on the following:

How often did you see this student? _____

Please indicate how much of this student's learning was synchronous versus asynchronous and how the student performed in each of these settings. _____

Please also specify size of instructional group, the format, and time spent for each (e.g., in a synchronous group of 10 students 2 hours/week, in a synchronous group one-on-one 1 hour/week, in an asynchronous format providing weekly packets, etc.). _____

Were you able to reasonably assess this student's personal characteristics and academic performance during this time? Please specify tools used (e.g., work completion, formal assessment tools, etc.). _____

Were there any special circumstances that occurred during this time which may have affected the student's performance? If so, please specify. _____
