

**The Association of Independent Schools of Greater Washington (AISGW)  
Common Math Teacher Recommendation Form  
for Students Entering Grades 6-12**

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

**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 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.**

<b>ACADEMIC 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>
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							

<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							

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.

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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.

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

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

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6. 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: \_\_\_\_\_

**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. \_\_\_\_\_

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\_\_\_\_\_