

# Association of Independent Schools of Greater Washington (AISGW) Common Confidential Student Evaluation Form (Pre-School-1st Grade Applicants)

***Please submit the completed form to the school to which the child is applying.***

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Applying to Grade \_\_\_\_\_  
Last First Middle Month/Day/Year

**To the parent/guardian:** Please 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 the form 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 school(s) for purposes of my child's application for admission. 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 \_\_\_\_\_

**To the person completing this form:** The school(s) to which the child named above is applying would appreciate your candid assessment of the applicant's abilities. The questions below ask for your sense of this child's social, physical and pre-academic skill development. This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. It is used in our assessment process and will not become part of the student's permanent record. ***If the 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 child? \_\_\_\_\_ Do you currently teach this child? \_\_\_\_\_

If so, indicate subject area(s) taught \_\_\_\_\_ What is the size of your instructional group? \_\_\_\_\_

Length of school day \_\_\_\_\_ Number of days per week \_\_\_\_\_ Date of entry to your program \_\_\_\_\_  
Month/Year

What three words come to mind when describing this child?

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

**For each item in the tables below, please check the most appropriate description of this child.**

Social and Physical Development	Advanced for age	Appropriate for age	Needs Development	Not at Acceptable Level	Did Not Observe	Comments
Separation from parents/guardians/caregivers						
Interaction with parents/guardians						
Ability to share and work cooperatively						
Ability to wait turn						
Cooperative attitude						
Resolves conflicts appropriately						
Engages in appropriate physical interactions						
Responds positively to re-direction						
Respect for own property						
Respect for others' property						
Accepts responsibility for actions						
Uses language to problem solve						
Demonstrates self-control						
Interaction with peers						
Interaction with teachers						
Participates in physical group activities						
Gross motor coordination						
Body and space awareness						
Balance, gait, fluidity, smoothness of movement						

Usually takes role of:  Large group  Small group  Alone

**Personal Characteristics**

Advanced for age    Appropriate for age    Needs Development    Not at Acceptable Level    Did Not Observe    Comments

Self-help skills (clothes, bathroom, lunch, etc.)						
Self-motivation						
Self-confidence in approaching tasks						
Acceptance of limits						
Sense of humor						
Curiosity						
Attention span for self-chosen activity						

Usually takes role of:  Leader     Follower     Varies

**Pre-Academic Characteristics**

Advanced for age    Appropriate for age    Needs Development    Not at Acceptable Level    Did Not Observe    Comments

Fine motor coordination (lacing, puzzles, etc.)						
Uses appropriate pencil grip						
Draws with details						
Works with manipulatives						
Speech is clear and understandable						
Vocabulary						
Ability to stay on discussion topic						
Tells story events in sequence (memory)						
Asks questions to extend understanding						
Sound-symbol correspondence						
Recognizes upper case letters						
Recognizes lower case letters						
Recognizes numerals						
Recognizes shapes						
Transitions easily						
Listens to directions						
Follows directions and completes tasks						
Attention span for teacher-led activity						
Ability to work independently						
Ability to focus and contribute in large group						
Ability to focus and contribute in small group						

*For First Grade Applicants:*

Please describe the child's development of

(1) beginning reading skills \_\_\_\_\_

(2) beginning math skills \_\_\_\_\_

What are this child's strengths/gifts? \_\_\_\_\_

What are this child's challenges? What frustrates this child? \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_