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	Last	First	M	iddle	Date of Bir	rthMo	nth/Day/Year	_ Applying to Grade					
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/guardi	ian (please print)												
Signature of parent/gu	ıardian												
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 (prir	nt name)				P	osition		Date					
School name			Direct	or/Principa	al's name ai	nd email							
								al group?					
Length of school day													
								Month/Year					
Please describe any uni	ique attributes or circu	_/ umstances of this	child (e.g. biling	ual, special	talent, uniq	ue family situa	ition)					
For each item in the ta	ibles below, please o	check the most	approp	oriate des	cription of	this child. Not at							
Social and Physic	al Development	Adv:	anced age	Appropriate for age	Needs Development	Acceptable Level	Did Not Observe	Comments					
Separation from parents			Ī		·								
Interaction with parents/	guardians												
Ability to share and work	k cooperatively												
Ability to wait turn													
Cooperative attitude													
Resolves conflicts appro	opriately												
Engages in appropriate	physical interactions												
Responds positively to r	e-direction												
Respect for own propert	ty												
Respect for others' prop	erty												
Accepts responsibility for	or actions												
Uses language to proble	em solve												
Demonstrates self-contr	ol												
Interaction with peers													
Interaction with teachers	3												
Participates in physical	group activities												
Gross motor coordinatio	n												
Body and space awaren													
Balance, gait, fluidity, sn	noothness of moveme	ent											

Usually takes role of: \Box Large group $\ \Box$ Small group $\ \Box$ Alone

Revised: August 2020

	Advanced	Appropriate	Needs	Not at Acceptable	Did Not		
Personal Characteristics	for age	for age	Development	Level	Observe	Comi	ments
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 ☐ Varie	es Advanced	Appropriate	Needs	Not at Acceptable	Did Not		
Pre-Academic Characteristics	for age	for age	Development	Level	Observe	Com	ments
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 ch	ıld?						
Describe this child's approach to learning and indicate who	at kind of cl	assroom er	nvironment	would be a	good match	for this child.	
Family Information	Consis	tently	Usually	s	ometimes	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:				ı		1	1
Is there information about this student that would be better	r discussed	by telepho	ne? Yes	No	_		
Your signature		E	mail			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.