



Student's Name: _____

Teacher or School Director: We appreciate your cooperation in completing this form. 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. **Please note that we will accept the AISGW Common Recommendation Form in lieu of this form.** Be assured that all information received from you is **confidential**.

Name of person completing this form: _____ Relationship to the student: _____

I have known this student _____ years/months Do you currently teach this student? _____ Size of instructional group: _____

Name of School: _____ Telephone: _____

Principal's Name & Email: _____

What are the first words that come to mind when describing this student? _____

Personal Characteristics	Advanced for age	Appropriate for age	Needs development	Not at acceptable Level	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						
Response to criticism						
Integrity/Trustworthiness						
Persistence						
Relationship with peers						
Accepts responsibility for actions						
Ability to problem-solve						
Demonstrates self-control						
Consideration for others						
Emotional 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 child's strengths/gifts?

What are this child's challenges?

Is this child easily frustrated? Yes/no If yes, 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		Sometimes	Rarely	Comment
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					

Signature: _____ Date: _____

Email: _____ Phone: _____

It is required that the preparer return this form directly to:
 Grace Episcopal School, Office of Admissions, 3601 Russell Road, Alexandria, VA 22305
 OR via email to admissions@graceschoolalex.org. Thank you for your assistance!