



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: _____

Director/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!