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

## Please submit the completed form to the school to which the student is applying

To the Applicant's Perent or Guardiant. Compiles the above information and readings the statement below. Give a signed copy of this form to your childs septice(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 wave my right to access the 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.  Signature of student entering 9° grade or higher:  Signature of parent or legal quantian or student over age 18:  Date:  Date:  Date:  To the Teacher, ARSIVI schools share a commitment to a college gragation, curriculum in a supportive simple properties seek a student of the private of the drivers apposable of the grade with selection of the students of the drivers apposable of the grade with selection of the students of the drivers and properties seek as student of the drivers apposable of the grade and washington. D.C. area. All ASSIV schools have financial apprograms. With this background in mind, we appreciate your cooperation in completing this form. Please the candid about this students academic ability and motivation. We understand the difficulty in evaluating a student and are finally waves that children are constantly growing, changing and developing. This form is only one piece of the students 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 parentifycardian have signed the waiver above, your recommendation will be kept confidential to the extent ellowed by law.  Poor variety teach this student?  Grade(s) Received:  School:  School:  School Address:  City:  Zip:  Email:  For each item in the tables below, please check the most appropriate description of this student.  PERSONAL QUALITIES  One of the Best Ever Excellent Good Average Reliable of Average Poor Poor Poor Poor Poor Poor Dep	Applicant Name:	Applying to Grade:											
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□ Signature of parent or legal guardian or student over age 18: □ Date: □ To the Tascher. AlSGW 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 AlSGW schools have financial aid programs. With this back-ground mind, we apprecate 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 development. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing and development. If 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 after the applicant's permanent record. If the applicant and the applicant's permanent record. If the applicant and the applicant's permanent record if the applicant is permanent record. If the applicant is a student is allowed by law.  Name: □ Position: □ Positi							this form to pr	ovide an evalu-					
□ Signature of parent or legal guardian or student over age 18:  □ Date: □  To the Teacher. AlSGW 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 AlSGW schools have fancated alto grammars. With this back-ground in mind, we appreciately over 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 refully waver 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 permanent record. If the applicant and the applicant's permanent record. If the applicant and the applicant's permanent record. If the applicant is permanent record in the applicant is permanent record. If the applicant is permanent record in the applicant's permanent record. If the applicant is permanent record in the applicant's permanent record. If the applicant is permanent record in the applicant is permanent record. If the applicant is always and the applicant is permanent record. If the applicant is always and the applicant is a	☐ Signature of student entering 9 <sup>th</sup> grade of	or higher:				D	ate:						
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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? School you teach/taught student. School Address: City: School Address: City: School Address: City: School Phone: School Address: City: School Address: School Phone: School Address: City: School Address: School Phone: School Address: School Phone: School Address: School Address: School Phone: School Address: School Address: School Phone: School Address: School Average Below Average Poor School Phone School Ph	body representative of the diverse population of the greater Washington, D.C. area. All AISGW schools have financial aid programs. With this back-ground 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												
If applicable, please indicate grades you previously taught this student:  What is the size of the instructional group in which you teach/faught this student?  Subject(s) you teach/faught student:  School Phone:  School Address:  City:  Zip:  Email:  For each item in the tables below, please check the most appropriate description of this student.  ACADEMIC QUALITIES  One of the Best Ever Excellent Good Average Below Average Poor to Observe  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  One of the Best Ever Excellent Good Average Below Average  Poor No Opportunity to Observe  PERSONAL QUALITIES  One of the Best Ever Excellent Good Average Below Average  Poor No Opportunity to Observe  Personal Conduct  Personal Conduct  Personal Conduct  Personal Integrity  Ability to Work Cooperatively  Ability to Work Cooperatively  General Level of Humor Interaction with Teachers/Adults	Name:	Position:											
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	Social Relationship with Peers												

Yes No	by telephone if we h	ave further questions	?		
6. Would you be willing to discuss this student					
5. Please comment on the student as a persor	n. (Consider maturity	, integrity, behavior, re	elationships with peel	rs, self-confidence).	
4. Have absences in any way affected the stud		formance?			
principles in word problems, and rely on me	mory versus concep	tual process.			
Please describe the student in Math. Comp.			hips and principles, d	raw generalizations,	apply basic
Please compare this student's academic ac	hievement to his/her	ability.			
Textbook(s):Suggested Math placement for next year: _					
Section Level of course:   Remedial	Regular   Adva	iliced 🔲 iviixed-Abii	iity		