

# Recommendation (Grade 2-8)



*Please return to WES.*

*AISGW Confidential Recommendation Form for Students Applying to Grades 2-8*

*Please submit form no earlier than December 1 and no later than February 1.*

Name of Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ I have known this student for \_\_\_\_\_ months/years.

Academic Classroom Teacher or School Director: \_\_\_\_\_

Course taught: \_\_\_\_\_ Texts used: \_\_\_\_\_

**Purpose:** We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. All information received from you is confidential. 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. This form will not become a part of the student's permanent record. Thank you for your thoughtful attention to this request.

	Advanced for Age	Appropriate for Age	Needs Development	Not at Acceptable Level	Comments
<b>CHARACTER AND PERSONALITY TRAITS</b>					
Conduct					
Leadership					
Emotional maturity/stability					
Social relationship with peers					
Self-confidence					
Integrity					
Sense of humor					
Sense of responsibility					
Interaction with teachers/adults					
Participation in life of the school					
Creativity					
Respect for others					
Concern for others					
<b>ACADEMIC TRAITS</b>					
Academic potential					
Academic achievement					
Self-motivation					
Effort/initiative					
Study habits/organization of work					
Intellectual curiosity					
Attention span					
Commitment to homework					
Ability to follow directions					
Ability to work independently					
Ability to work in a group					
Ability to express ideas orally					
Ability to express ideas in writing					
Attendance					
Participation in class					

*Please complete other side. →*



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

\_\_\_\_\_

Please circle the words that you feel describe this student:

- |                        |                        |                           |                         |
|------------------------|------------------------|---------------------------|-------------------------|
| <b>aggressive</b>      | <b>confident</b>       | <b>follower</b>           | <b>irritable</b>        |
| <b>over protected</b>  | <b>self-centered</b>   | <b>anxious</b>            | <b>conscientious</b>    |
| <b>happy</b>           | <b>manipulative</b>    | <b>passive-resistant</b>  | <b>self-disciplined</b> |
| <b>articulate</b>      | <b>disobedient</b>     | <b>helpful</b>            | <b>motivated</b>        |
| <b>perfectionist</b>   | <b>shy</b>             | <b>cheerful</b>           | <b>honest</b>           |
| <b>negative leader</b> | <b>positive leader</b> | <b>easily discouraged</b> | <b>social</b>           |
| <b>influential</b>     | <b>organized</b>       | <b>responsible</b>        | <b>well-liked</b>       |

What frustrates this student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments:** We would appreciate additional comments and observations concerning the strengths, weaknesses, health or special needs of this student. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We welcome any other information you think might be helpful in our understanding of this student. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parental cooperation and involvement with the school** (please describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where we may reach you: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return this form to: Director of Admission, Washington Episcopal School, 5600 Little Falls Parkway, Bethesda, MD 20816