

RECOMMENDATION FORM GRADE 2-GRADE 8

**Independent Education
Common Recommendation Form for Students Applying to Independent Schools**

Name of Student _____ Current Grade Level _____

Current School _____ School to receive recommendation: Alexandria Country Day School

I have known this student for _____ months/years. Classroom Teacher or School Director _____

Name of Respondent _____

Courses Taught _____ Text Used _____

FOR PARENT/GUARDIAN: I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to the school for purposes of my or my child's application to attend the school.

Parent/Guardian Signature _____ Date _____

FOR PERSONS SUBMITTING RECOMMENDATION: The School would appreciate your candid assessment of the applicant's abilities. If the applicant and applicant's parent or legal guardian have signed the waiver above, your recommendation will be kept confidential to the extent permitted by law.

PURPOSE: 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. This form will not become a part of the student's permanent record. Thank you for your thoughtful attention to this request.

CHARACTER & PERSONALITY TRAITS	Advanced for age	Appropriate for age	Needs development	Not at acceptable level	Comments
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interaction with teachers/adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participation in life of the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ACADEMIC TRAITS	Advanced for age	Appropriate for age	Needs development	Not at acceptable level	Comments
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Effort/initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study habits/organization of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level of engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Commitment to homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to express ideas in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participation in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Please circle the words that you feel describe this student.

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

What frustrates this student?

COMMENTS

We would appreciate additional comments and observations concerning this student’s abilities, attendance, personal qualities and special interests. We welcome any other information you think might be helpful in our understanding of this student.

PARENT INVOLVEMENT

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

Submitted by _____ Date _____

Phone number where we may reach you _____ Email _____



Please mail this form directly to ACDS:
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