The Association of Independent Schools of Greater Washington Common Recommendation Form for Students Applying to Independent Schools, entering Grades 2 – 12

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

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Name of Student: __________________________________________

For parents and students: I hereby waive my right to access this recommendation and authorize the classroom teacher to provide an evaluation and all relevant information to the school for purposes of my or my child’s application to attend the school.

Signature of parent or legal guardian (or student over age 18): __________________________________________

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 guardians 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.