

ISAAGNY Form Instruction Sheet

We greatly appreciate your taking the time to complete this form, as it provides an additional way of getting to know the student. We will review your input with the understanding that students are constantly changing and developing.

As you complete the form, please consider:

- We're looking for a candid assessment of the student's ongoing development, strengths, and areas with room for improvement.
- Your assessment should be based on who they are in your class this year. If you cannot speak to the student's current performance or are not currently teaching the student, you are likely not the appropriate person to be completing the form (the exception is those filling out the General Recommendation form for Middle/Upper School applicants).
- Please keep in mind the student's relative age within their class cohort.
- If you are unsure of the answer to a question, please indicate that and add more notes at the end of the section.
- The comment boxes are very helpful to admission offices. We would appreciate 3-4 sentences in eac comment box, including specific examples.

CONFIDENTIALITY:

Preparers and recipients are expected to maintain the information in strict confidence. Preparers and recipients are prohibited from sharing this information with parents/guardians/students, and ISAAGNY does not provide this information to parents/guardians/students unless required by subpoena or court order.

HOW AND WHEN TO SUBMIT:

- All completed forms should be sent directly to the school(s) to which each student is applying. We suggest you do not submit prior to November 1, so that you have time to get to know the student before completing this form.
- You may receive multiple requests to complete this form, as each ISAAGNY school has its own application process and software.
- Do not send completed forms to ISAAGNY, as we do not process or forward paperwork.
- We recommend saving a copy of the completed forms, just in case of technological glitches.

Please note: Text fields have limited character space, and your text responses should fit within the space provided. Copied and pasted text extending beyond the text box will require editing to fit within the text field provided.



CONFIDENTIAL Form for Applicants to Middle School

2024-25

We greatly appreciate your taking the time to complete this form. It provides one way of getting to know the student and is reviewed with the understanding that students are constantly changing and developing. Our intention is to establish a dynamic understanding of the student, and your observations and descriptions are essential in this process. Preparers and recipients are expected to maintain the information in strict confidence and to refrain from sharing it with students, parents, or guardians.

| Student's Name: | | Applying for Grade: |
|------------------------------------|---------------------------|-----------------------------------|
| Birthdate: | Current School: | |
| Teacher's Name, Title, Email, Pho | one: | |
| In which course do you teach this | student? | |
| Are you currently teaching this st | udent? | |
| How long have you known this st | udent? | |
| In what other ways, if any, do you | ı know this student? | |
| What grade is the student current | tly earning? | |
| Does the student's performance a | | · |
| How often is the class asked to w | rite, and what is the av | |
| | | |
| Does the student read independe | ently? | |
| What are the first three words or | phrases that come to m | nind to discribe this student? |
| The student's greatest strength in | n my class is: | |
| Any areas of growth for this stude | ent is: | |
| Please describe the style of learn | ning environment in which | ch you see this student thriving. |

| To the best of your ability, please rate the student in each of the following areas: | | | | | |
|--|---------------------------|-----------------------|----------------------|-------------------------|-----------------------------------|
| ISAAGNY | Far Below Expectations | Below Expectations | Meet Expectations | Exceeds Expectations | Truly Outstanding (Top Few) |
| Academic Achievement | | | | | |
| Reading Comprehension | | | | | |
| Ability to interpret/ analyze texts | | | | | |
| Writing mechanics and organization | | | | | |
| Knowledge of basic mathematics skills | | | | | |
| Accuracy in use of basic mathematics skills | | | | | |
| Problem-solving ability | | | | | |
| Critical thinking/ analytical ability | | | | | |
| Daily preparation & study habits | | | | | |
| Follow directions | | | | | |
| Classroom conduct | | | | | |
| Attention & level of engagement | | | | | |
| Motivation & Initiative | | | | | |
| Seeks help when needed | | | | | |
| Reaction to criticism/ feedback | | | | | |
| Participation in discussion | | | | | |
| Ability to work independently | | | | | |
| Ability to work in a group | | | | | |
| Curiosity | | | | | |
| Creativity | | | | | |
| Maturity | | | | | |
| Integrity with peers/ teachers | | | | | |

| To the best of your ability, please rate the student in each of the following areas: | | | | | |
|--|---------------------------|-----------------------|----------------------|-------------------------|-----------------------------------|
| ISAAGNY | Far Below Expectations | Below Expectations | Meet Expectations | Exceeds Expectations | Truly Outstanding (Top Few) |
| Self-confidence | | | | | |
| Social relationships with peers | | | | | |
| Interactions with adults | | | | | |

| Overall, I recommend this individual: | | | | | |
|---------------------------------------|------------------|-----------------|----------|--------------------------|--|
| ISAÄĞNY | With Reservation | Fairly Strongly | Strongly | With Great Enthusiasm | |
| As a student | | | | | |
| As a person | | | | | |

Please share anything else about the student you feel would be important for us to know. You may also describe extenuating circumstances related to any of the aforementioned areas above. We appreciate your thoughtful responses and will be sure to take all aspects of the student's profile into consideration.

| Best number to call should the Admissions Office(s) have que | stions: | |
|--|---------|--|
| (-) | | |
| Teacher's Signature: | Date: | |