

TEACHER RECOMMENDATION 2018-19

This form will not be shared with the applicant or his/her family.

Parents: please fill out the first two sections below

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Applicant:	
Student's Full Name	Nickname
Birth date	
Address	
School attended by applicant:	
Current Grade:	
Teachers: please fill out the rest of this for	m.
Teacher Information	
Teacher	
School Name	
Address	
Dates	
Questions <i>Please attach more sheets</i> How would you describe this student'	· ·
What are this student's greatest stren	gths?
What are the student's areas of challe	nge?

Has this student ever been involved in a disciplinary incident? If so, please explain. *Use additional sheets if necessary*.

ISW's program requires that students be capable of working independently while other students are pursuing other tasks. Have you had the opportunity to see the applicant in this type of situation? Please describe. Do you believe this student would function well in this setting? If not, why?

ISW's program also requires that students be capable of working cooperatively in groups. Have you had the opportunity to see the applicant in this type of situation? Please describe. Do you believe this student would function well in this setting? If not, why?

Iwouldwould not recomm	nend f	or admission to ISW.
Signature of teacher		
Printed name	Date	
Evening phone number	Pleasedodo r	ot call me.

Please send this recommendation to

The Independent School of Winchester 130 Carriebrooke Stephens City, VA 22655

ISW admits students of any race, color, national origin, ethnic origin, religion, sex, or sexual orientation to all the rights, privileges, programs, and activities generally accorded to students at the school. It does not discriminate on the basis of race, color, national origin, ethnic origin, religion, sex, or sexual orientation in its administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.