



**TEACHER RECOMMENDATION**

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

**Applicant:**

Student's Full Name:

**Teacher Information:**

Teacher's Name:

School Name:

School Address:

School Year, Grade Level, and Subject Reference Is Based Upon:

**Questions:** *Please attach more sheets if necessary.*

1. How would you describe this student's personality and learning style?

2. What are this student's greatest strengths?

3. What are the student's areas of challenge?

4. Has this student ever been involved in a disciplinary incident? If so, please explain.

ISW is a progressive, college preparatory school with high standards for academics and for ethical behavior. Based on your observations of this student, please choose one or more of the following statements:

- ☐ I recommend this student for admission to ISW without reservations.
- ☐ I recommend this student for admission to ISW with reservations.
- ☐ I do not recommend this student for admission to ISW.
- ☐ I would like to discuss this recommendation by phone.

Teacher Signature:

Date:

Evening Phone Number:

Please email this recommendation to [claire@iswva.org](mailto:claire@iswva.org) or mail it to:

The Independent School of Winchester  
769 Round Hill Road  
Winchester, VA 22602

**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.**