

STUDENT QUESTIONNAIRE

for applicants to grades 6–8 only

Please answer all of the following questions in your own handwriting. Attach additional sheets of paper to this form if needed.

APPLYING TO GRADE 6 7 8

Your Name (last, first, middle) _____

A How would your friends describe you?

B What activities (sports, clubs, etc.) are you involved in both in and out of school?

C Tell us about your favorite teacher. What made his or her class so special?

CONTINUED

D Tell us about a memorable event or activity that you participated in over the past year.

E What do you enjoy most about school? What do you find most challenging about school?

F How do you feel about changing schools?

REQUEST FOR SCHOOL RECORDS

To the parents/guardians:

Please complete the top half of this form and submit this request to the registrar of your child's current school.

Student's Name (Last, First, Middle) _____

Present Grade _____

Applicant for Grade _____

Current School Name _____

Date _____

Parental signature authorizing release of school records (required)

Signature _____ Date _____

To the school registrar:

Please send records and information for the student named above to:

Alexandria Country Day School
Admissions Office
2400 Russell Road
Alexandria, VA 22301

1. Please include a transcript of all courses and grades for past years and the present year.
2. For children applying to kindergarten and first grade, please send any records and testing information that is available. We understand that in most cases there is little or no written record for a child this age.
3. We request scores for all SSAT, ISEE, aptitude, IQ, reading, and achievement tests taken during the last two to three years. Please indicate the grade and date when tests were taken and provide national and program percentiles when possible.
4. If available, please attach a school profile.

School Administrator's Signature _____ Date _____

Title _____

Thank you for your cooperation. Please call us at 703-548-4804 if you have any questions.

RECOMMENDATION FORM KINDERGARTEN-GRADE 1

Independent Education

Common Recommendation Form for Students Applying to Independent Schools

Name of Student _____ Date of Birth _____

Current School _____ Current Grade Level _____

School to receive recommendation: Alexandria Country Day School Applying for Grade _____

Name of Respondent _____

My relationship has been that of: _____ I have known this student for _____ months/years.

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 or applicant's parent has signed the waiver above, your recommendation will be kept confidential to the extent permitted by law.

PURPOSE: The items below ask for your sense of this student's social, physical, and pre-academic skill development. Please use the check boxes to show gradations within each category. This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Thank you for your thoughtful attention to this request.

SOCIAL DEVELOPMENT	Advanced for age	Appropriate for age	Needs development	Not at acceptable level	Comments
Can be a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is supportive of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plays alone happily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperates at play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the capacity to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses material purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates self-control in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates self-control on playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds positively to re-direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respects property of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits courtesy and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICAL DEVELOPMENT					Comments
Speech & language development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

What frustrates this child?

Recommendation Form, K-Grade 1, Page 2 of 2

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

PRE-ACADEMIC SKILL DEVELOPMENT	Advanced for age	Appropriate for age	Needs development	Not at acceptable level	Comments
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contributes to group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates ability to focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transitions well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If child is applying to 1st Grade, please describe child’s development of:

beginning reading skills: _____

beginning math skills: _____

PERSONAL CHARACTERISTICS: Please describe the child and include comments on the child’s personality, maturity, confidence, assertiveness, humor and degree of independence. We welcome any other information you think might be helpful. Please use a separate sheet of paper for further comments in any category, if needed.

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:
 Alexandria Country Day School
 2400 Russell Road
 Alexandria Virginia 22301
 703.548.4804 | f 703.549.9022
 www.acdsnet.org

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"/>	

Recommendation Form, Grades 2–8, Page 2 of 2

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 _____



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

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Name of Respondent _____

Courses Taught _____ Text Used _____

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Recommendation Form, Grades 2–8, Page 2 of 2

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