



SADDLE RIVER DAY SCHOOL

CONFIDENTIAL RECOMMENDATION FORM

TO BE COMPLETED BY:

PRINCIPAL / HEAD OF SCHOOL / DEAN / SCHOOL COUNSELOR

RECOMMENDATION FOR APPLICANTS TO GRADES FIVE THROUGH TWELVE

Name of Applicant: _____ Applicant for Grade _____

TO THE PARENT/ GUARDIAN: Please submit to the applicant's school. Once completed, this form must be emailed directly from the applicant's school to Kris Sweeny at Saddle River Day School (ksweeny@saddleriverday.org)

TO THE PRINCIPAL / HEAD OF SCHOOL / SCHOOL COUNSELOR / DEAN / PROGRAM DIRECTOR: Recommendations are weighed significantly when considering a student for admission. Your candid evaluation is greatly appreciated. Please be as complete as possible. This form is kept in strict confidence.

How long, and in what context have you known this student? _____

What are the first three words that come to mind when you think of this student?

1. _____ 2. _____ 3. _____

ACADEMIC AND PERSONAL QUALITIES

How would you rank the student in the following areas compared with other students of the same age / grade?

	TRULY OUTSTANDING (top 5%)	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	UNFAVORABLE
RELATIONSHIP WITH PEERS						
RELATIONSHIP WITH ADULTS						
REACTION TO CRITICISM						
LEADERSHIP ABILITY						
HONESTY						
CONSIDERATION FOR OTHERS						
EMOTIONAL MATURITY						

Please describe any special circumstance about which we should have knowledge:

Your recommendation of the applicant as a person:

____ Highly Recommended ____ Recommended with Reservation
____ Recommended ____ Not Recommended

Please comment:

Has disciplinary action ever been taken against this student by your school? No Yes, explain:

Does this student currently have, or did he/she have, an Individualized Education Plan (IEP) or a 504 Plan?

No Yes, explain: _____

The student's parent(s) / guardian(s) are:

Very Cooperative Usually Cooperative
 Rather Detached Not Communicative
 Other _____

Are financial responsibilities with your school met in a timely manner?

Yes No Not Sure Not Applicable

If you wish to discuss the student personally, please check here.

Name of School _____ Phone Number _____

School Address _____
Street City State Zip Code

Your Name (please print) _____ Title _____

Your Email Address _____

Signature _____ Date _____

Please email this completed form at your earliest convenience to:

Kris Sweeny
Associate Director of Admissions
ksweeny@saddleriverday.org

201-327-4050 ext. x1105

Fax: 201-327-6161

Thank you for your assistance.