SADDLE RIVER DAY SCHOOL
CONFIDENTIAL RECOMMENDATION FORM

TO BE COMPLETED BY:
PRINCIPAL / HEAD OF SCHOOL / DEAN / SCHOOL COUNSELOR

RECOMMENDATION FOR APPLICANTS TO GRADERS 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?

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<th>TRULY OUTSTANDING (top 5%)</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>UNFAVORABLE</th>
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<tbody>
<tr>
<td>RELATIONSHIP WITH PEERS</td>
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<tr>
<td>RELATIONSHIP WITH ADULTS</td>
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<td>REACTION TO CRITICISM</td>
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<td>LEADERSHIP ABILITY</td>
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<td>HONESTY</td>
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<td>CONSIDERATION FOR OTHERS</td>
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<td>EMOTIONAL MATURITY</td>
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</table>
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.