TO THE PARENT/GUARDIAN:
Name of Applicant: ________________________________________________ Applicant for Grade ________

TO THE TEACHER:
The student listed below is applying for admission to Saddle River Day School.

Please respond to the following questions about the candidate and return this form to the Director of Admissions. All replies are strictly confidential, and will not be shared with the applicant or his/her family. Your candidness and thoroughness will allow the school to make an admissions decision that is in the best interest of the student. Thank you for your cooperation and assistance.

Name of Teacher & Position: __________________________________________________________________

Current School Name & Address: ______________________________________________________________

Phone:________________________ Email: ________________________________

For how long have you known the student? ____________________________

Is this student often tardy or absent? Yes ☐ No ☐ If yes, please explain

What are the first three words that come to mind to describe 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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<td>INTEGRITY</td>
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In working with this student, have you made any special accommodations to either support or enrich his or her program?
_______________________________________________________________________________________________

What advice would you give next year's teacher to help ensure that this student's need are met?
_______________________________________________________________________________________________

Please comment on this student's classroom behavior and how this student gets along with their peers and teachers.
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

What are the student's strengths and weaknesses as a writer? As a reader?
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Is the student reading below / on / above grade level? (please circle one)
What are the student's strengths and weaknesses regarding their math skills?
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Is the student below / on / above grade level in math? (please circle one)
How well does the student accept advice or criticism?
_______________________________________________________________________________________________

Please share any other information about this student that you think would be helpful to an admission committee.
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Are the parent's of this student accurate in their assessment of their own child’s strengths and/or weaknesses?
_______________________________________________________________________________________________

☐ Please check this box to receive a call from our Admissions team if you would like to share further information.

Course Title and Textbook:
_______________________________________________________________________________________________

Course recommendation for next year:
_______________________________________________________________________________________________

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.