



SADDLE RIVER DAY SCHOOL

TEACHER RECOMMENDATION

RECOMMENDATION FOR APPLICANTS TO GRADES KINDERGARTEN THROUGH TWELVE

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?

	TRULY OUTSTANDING (top 5%)	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	UNFAVORABLE
ACADEMIC ACHIEVEMENT Reading Skills						
ACADEMIC ACHIEVEMENT Math Skills						
INTELLECTUAL CURIOSITY						
POTENTIAL FOR GROWTH						
LEADERSHIP ABILITY						
RESPONSIBILITY						
CONDUCT						
CAPACITY FOR INDEPENDENCE						
INTEGRITY						

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.