



# RYE COUNTRY DAY SCHOOL

**ACTION: Guidance Counselor/Teacher Recommendation Form**  
Please mail completed applications (including the written student response in section 4), current academic transcript, and guidance counselor or teacher recommendation form to Jason Leath, Co-Director of ACTION at Rye Country Day School. Applications, transcripts, and recommendations received after April 29 will be waitlisted.

Cedar Street  
Rye, NY 10580-2034  
**ACTION Program**  
Tel: 914-925-4591

## SECTION 1

**Guidance Counselors/Classroom Teachers: Before completing Section 2, please give this form (along with application) to the student's parent/guardian to complete and return to you. All completed applications are to be returned by you, directly to Rye Country Day School's ACTION Program. Applications will not be considered without this form.**

Student Name \_\_\_\_\_

Current Grade \_\_\_\_\_

*I/We authorize the release of my child's academic records and testing results as requested by Rye Country Day School (RCDS). As part of the process for admission, the ACTION Program requires written recommendations. I/We acknowledge that these recommendations are confidential communications between the recommender and the ACTION Program. I/We waive all rights to access this recommendation and acknowledge that ACTION is relying on this waiver and would not consider my/our child without it.*

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION 2

Please complete this form and return it with the following items:

- A copy of the most current report card for this school year.
- Any standardized testing results that are available

Thank you for your cooperation and candor. All RCDS recommendations forms are confidential.

Please evaluate the candidate in the following categories:

	Exceptional	Above Average	Average	Below Average	Not Known
Motivation					
Achievement					
Self-discipline					
Intellectual					
Curiosity					
Creativity					
Integrity					
Self-confidence					
Responsibility					
Sense of Humor					
Concern for Others					
Personal Maturity					

Additional Information:

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Name (Please Print): \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_