

Teacher Recommendation Form

Grades: 4-8

The Rumson Country Day School

Please return to:
RCDS Admissions Office
35 Bellevue Avenue
Rumson, NJ 07760 U.S.A.

Applicant Name: _____

The applicant named above (the “Applicant”) is a candidate for admission to The Rumson Country Day School (the “School”). Your thoughtful evaluation is one of several which will have a significant influence in the School’s consideration of this Applicant. The information you provide will be kept strictly confidential and will be made available to the School’s Admissions Committee members only. Please complete both sides of this form and return it directly to the Admissions Office. Thank you.

The Rumson Country Day School admits qualified students of any race, creed (religion), color, national origin, ethnic origin, ancestry, nationality, sex, gender identity or expression, disability (including AIDS and HIV related illnesses), or affectional or sexual orientation to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. The School does not discriminate on the basis of race, creed (religion), color, national origin, ethnic origin, ancestry, nationality, sex, gender identity or expression, disability (including AIDS and HIV related illnesses), affectional or sexual orientation, or any other category protected under federal or New Jersey law in the administration of its educational and admission policies, scholarship and loan programs, and athletic and other School-administered programs.

1. How long have you known the Applicant and in what specific relationship?

2. We appreciate your taking the time to fill out the following checklists:

	Outstanding	Good	Average	Below Average	Poor
Academic or activity potential	<input type="checkbox"/>				
Academic or activity achievement	<input type="checkbox"/>				
Study or work habits	<input type="checkbox"/>				
Initiative	<input type="checkbox"/>				
Perseverance	<input type="checkbox"/>				
Intellectually curiosity	<input type="checkbox"/>				
Creativity	<input type="checkbox"/>				
Writing ability	<input type="checkbox"/>				
Oral expression	<input type="checkbox"/>				

	Outstanding	Good	Average	Below Average	Poor
Positive influence	<input type="checkbox"/>				
Leadership ability	<input type="checkbox"/>				
Extra-curricular participation	<input type="checkbox"/>				
Athletic participation	<input type="checkbox"/>				
Sense of humor	<input type="checkbox"/>				
Personal integrity	<input type="checkbox"/>				
Emotional stability	<input type="checkbox"/>				
Maturity	<input type="checkbox"/>				
Conduct/discipline	<input type="checkbox"/>				
Relationship to peers	<input type="checkbox"/>				
Relationship to adults	<input type="checkbox"/>				
Reaction to criticism	<input type="checkbox"/>				
Self-image	<input type="checkbox"/>				
Warmth of personality	<input type="checkbox"/>				
Concern for others	<input type="checkbox"/>				
General health	<input type="checkbox"/>				
Reliability of school attendance	<input type="checkbox"/>				

3. What words or phrases immediately come to mind when describing this Applicant?

4. The Applicant's major strengths?

5. Any particular challenges that the Applicant has faced as a learner or in social settings, of which you are aware?

6. Please use this space for additional comments. (Feel free to attach an additional sheet if necessary.)

7. All things considered, how would you rate this Applicant?

	Outstanding	Good	Below Average	Average	Poor
As a student	<input type="checkbox"/>				
As a citizen	<input type="checkbox"/>				
Overall	<input type="checkbox"/>				

8. How would you rate this Applicant's chances for success, however you define it, in life?

9. To your knowledge, are the parents' perceptions of the Applicant compatible with your school's perception of the Applicant?

Your name (Please print): _____

School where you teach: _____

Grade or subject you teach: _____

School's address: _____

Your Signature: _____ Date: _____