



Teacher Recommendation Form (Grades 2-6)

Name of Student: _____ Present Grade: _____

To the Teacher: The student named above is applying for admission to All Saints Episcopal Day School. Our ability to effectively evaluate this student is helped considerably by your timely and candid insights. *All information provided will be kept confidential.* Please return this form by January 15th. If you wish to add to this form, please attach a separate letter or call our Director of Admissions, Debbie Jacobus, at 201-792-0736.

Name of Teacher: _____ Position: _____

Name of School: _____

School address: _____

Telephone: _____ Fax: _____

How long have you known this student and his/her family? _____

In relation to other students in the applicant's age group, please rate the candidate in the following areas by placing a check-mark in the appropriate blank.

	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic Potential						
Academic Achievement						
Work Habits						
Conduct/Discipline						
Relationship to Peers						
Positive Self-Concept						
Respect for Differences						
Concern for Others						
Motivation						
Initiative						
Creativity						
Leadership						
Kindness						
Receptiveness to Criticism						
Ability to Follow Directions						
Fine-Motor Coordination						
Gross-Motor Coordination						
Oral Expression						
Writing Ability						
Responsibility						
Maturity						

Grade Level at which the applicant is reading: _____

Please comment on the applicant's academic strengths.

(over)

Teacher Recommendation Form (Grades 2-5)

Please comment on the applicant's challenge areas.

How well does the applicant make meaningful connections between and among the topics learned?

Please describe the student's work habits: pace, perseverance, independence, ability to work to completion, and attitude.

Family

Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding this family.

To your knowledge, is the parent's perception of the child consistent with the school's understanding of the child?

Have you received active cooperation from the parents on suggestions regarding their child?

Which word(s) best describe the parents in regard to their child?

Additional Comments:

Teacher's Name: _____ Position: _____

Signature: _____ Date: _____

Please return recommendation to:

Admissions Office
All Saints Episcopal Day School
707 Washington Street
Hoboken, NJ 07030
Telephone: 201.792.0736
Fax: 201.792-1595

Thank you for your honest and confidential assessment of this student.