



SAINT JAMES SCHOOL
200 S. Finley Avenue, Basking Ridge, NJ 07920
Phone: 908-766-4774 Fax: 908-766-4432
www.sjsbr.org

Grade 1 – 8 Recommendation Form

_____ (student name) has applied for admission to Saint James School. Please briefly provide an assessment of this child as a student and include any other information you feel would be helpful in making an admissions decision in the space below. We sincerely appreciate your feedback as we consider his/her application.

ACADEMIC SKILLS	Below Average	Average	Good	Excellent	Outstanding
Ability					
Motivation					
Frustration Level					
Self-Discipline					
Avoids being a distraction					
Avoids being distracted					
Creativity					
Study Skills					
Age-appropriate writing skills					
Age-appropriate reading skills					
Age-appropriate math skills					
Ability to work independently					
PERSONAL TRAITS					
Self-confidence					
Consideration of others					
Integrity					
Maturity					
Attendance Record					
Discipline Record					

Has the student been tested by a Child Study Team or had other neurological testing? YES NO

Please feel free to add any additional information you would like to add on the revers of this form.

Signature of teacher

Date

Subject/Grade taught

Name/Address of School:

Telephone:

May we contact you with additional questions? Yes No

Please mail or fax completed form to Saint James School