

# TEACHER RECOMMENDATION FORM

*This form is to be completed by the applying student's current or previous teacher and then mailed, emailed, or faxed directly to Trinity Christian Academy's Admissions Office.*

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Grade Level

**Please make a short comment on the following:**

Applicant's quality of mind (keenness, originality, imagination): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's social, behavioral, and emotional development as compared with others of the same chronological age:

\_\_\_\_\_

\_\_\_\_\_

Limitations, disabilities, or special needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has outside support been recommended? \_\_\_\_\_ been given? \_\_\_\_\_

Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Greatest strength: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## STUDENT EVALUATION

To the best of your ability, please assess the applicant on each of the following items.

<b>Academic Performance</b>	<u>Superior</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Poor</u>
Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Language Arts skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facts/Computation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concepts/Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment: \_\_\_\_\_

**Study Habits**

Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment: \_\_\_\_\_

**Personal Characteristics**

Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment: \_\_\_\_\_

☐ Please contact me for additional information.

I have known this student for \_\_\_\_\_ years. I have taught him/her for \_\_\_\_\_ years.

\_\_\_\_\_  
Name (print) Signature Date

\_\_\_\_\_  
Position (grade and/or subject) School Email

***Thank you for taking the time to complete this form. Please return to:  
admissionsoffice@trinitylex.org***