

# GUIDANCE COUNSELOR RECOMMENDATION FORM

This form is to be completed by the applying student's current or previous middle or high school Guidance Counselor and then mailed/emailed/faxed directly to Trinity Christian Academy.

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

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

**Note to the Counselor:** *The above student is applying for admission to Trinity Christian Academy. Your recommendation is an important part of the admission process. To give this student fair consideration, we request that you give a full and candid assessment. Please be as realistic as you can in comparison with other students, and solicit teacher input, if necessary. Thank you.*

How long has the applicant been enrolled in your school? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? ☐ By name/sight ☐ Casually (few personal contacts)  
☐ Very well (numerous personal contacts)

Is this student eligible for reenrollment? ☐ Yes ☐ No

Has this student ever been suspended (including in-school) or expelled? ☐ Yes ☐ No

This applicant's current GPA is \_\_\_\_\_ on a \_\_\_\_\_ scale.

## Student Qualities

Please evaluate this student in terms of the following characteristics by making a check in the appropriate box.  
 Please consider the applicant in comparison with the applicant's entire class.

	Outstanding (top 2%)	Excellent (top 10%)	Above Average	Average	Below Average	No Basis for Judgment
Intellectual Ability						
Motivation (Willingness to Learn)						
Responsibility						
Strength of Character						
Respect for Authority						
Interaction with Peers						
Emotional Maturity						

**Please make a short comment on the following items regarding this applicant.**

Greatest strength(s): \_\_\_\_\_

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

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

Are there any special circumstances, background information, or other factors (positive or negative) that affect this applicant's performance in school?

What should we know about this student that is not evident from the transcript (e.g., academic/disciplinary issues)?

**Which best describes your recommendation for this applicant to be admitted to Trinity Christian Academy?**

- ☐ Highly recommend   ☐ Recommend   ☐ Recommend with reservation   ☐ Do not recommend
- ☐ Please contact me for additional information.

Name (Please print)	Signature	Date
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Position	School Name	City	State
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Telephone	Email
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**Thank you for taking the time to complete this form. Please return to:**  
**admissionsoffice@trinitylex.org**