

TEACHER RECOMMENDATION FORM

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

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: _____



**TRINITY
CHRISTIAN
ACADEMY**

Teaching the Art of Learning

STUDENT EVALUATION

To the best of your ability, please assess _____ (student's name).

<u>Academic Performance</u>	<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 call me for additional information.

This student has been enrolled in this school for _____ years. I have known him/her for _____ years.

SIGNATURE

POSITION

DATE

SCHOOL NAME

TELEPHONE NUMBER

Thank you for taking the time to complete this form.

Please mail or fax directly to:
Trinity Christian Academy,
 3900 Rapid Run, Lexington, KY, 40515
 (859) 271-0079 • Fax: (859) 271-2134