

TEACHER CONFIDENTIAL RECOMMENDATION

**PLEASE DO NOT RETURN TO PARENT.
MAIL OR FAX DIRECTLY TO SCHOOL PRINCIPAL.**



Trinity Christian School
8817 Highway 54
Sharpsburg, GA 30277
Attention: Admissions
Fax (770) 251-6714

Student's Name _____ Applying for Grade _____
 Teacher's Name _____ Phone # _____
 Subject Taught _____
 School's Name & Address _____

Please give your assessment of the student in relation to others in his/her age group.

PERSONAL & SOCIAL DEVELOPMENT

ACADEMIC READINESS

	Excellent			Below Average		Excellent			Below Average
	1	2	3	4		1	2	3	4
Personal Initiative					Motivation				
Integrity					Language Development				
Growth Potential					Math Achievement	_____			
Leadership					Reading Grade Level	_____			
Self-confidence					Fine Motor Skills				
Warmth of Personality					Concentration				
Sense of Humor					Memory & Retention				
Concern for Others					Following Instructions				
Emotional Maturity					Writing Skills				

Respected by Peers

1 2 3 4

Overall Assessment

1 2 3 4

Has this student been identified or recommended for testing for ADD, ADHD, speech therapy or other learning or behavior challenges? If so, please describe.

Was this student in a program for special needs such as talented, gifted, learning disabled, etc.? Describe.

Does this child require any accommodations to be successful? If so, please describe.

Do you have any thoughts regarding the applicant's prospects for success in a private Christian school environment?

Do you believe this child has a discipline problem? If yes, please explain.

Please indicate all that best describe parental involvement for this student:

- Parents are very supportive of teacher and school.
- Parents are willing to help student at home.
- Parents are available to help in the classroom.
- There is moderate or little parental involvement.
- Parents challenge policies of school and/or teacher.
- Other: _____

Please comment on any outstanding talents/achievements or reservations/concerns not covered by the previous questions.

Thank you for your time in completing this confidential evaluation.

May we contact you for further information if needed? _____ yes _____ no

Teacher's Signature _____ Date _____