



CONFIDENTIAL RECOMMENDATION FORM

TEACHER

KINDERGARTEN – FIRST GRADE

Name of Applicant

Grade

School Year

My child is an applicant for admission to Trinity Presbyterian School. I, the parent/guardian, hereby authorize you, the teacher or principal, to release the following confidential recommendation form to Trinity Presbyterian School. *I, the parent/guardian, waive my right to review the information provided on this form.*

Signature of Parent

Date

Trinity Presbyterian School considers it important to have your appraisal of this applicant's ability, conduct, personality, and character. Your cooperation in answering these questions will be greatly appreciated. Please mail this form directly to Trinity Presbyterian School and feel free to contact the Admissions Office at 334.213.2213 concerning this applicant. *Your answers are strictly confidential.*

In relation to others on the applicant's grade level whom you have known, please rate the applicant by checking the appropriate boxes.

Social/Emotional	Excellent	Good	Average	Below Average	No Basis for Judgment
Adjusts to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Self Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays with others/shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Habits/ Attitude Toward School	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens/Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retains information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical/Abstract Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor Skills (Handwriting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Verbal/Non-verbal Communication	Excellent	Good	Average	Below Average	No Basis for Judgment
Ability to communicate needs and experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses appropriate vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left-Right Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Applicant _____

What do you consider to be this student's greatest assets or strengths? _____

What do you consider to be this student's greatest needs? _____

In relation to others on the applicant's grade level whom you have known, please rate the following by checking the appropriate boxes.

Attention Span	<input type="checkbox"/> actively engaged	<input type="checkbox"/> attentive	<input type="checkbox"/> variable attention	<input type="checkbox"/> requires redirection
Relationship with Peers	<input type="checkbox"/> role model	<input type="checkbox"/> healthy relationships	<input type="checkbox"/> occasional problems	<input type="checkbox"/> relates poorly
Respect for Authority	<input type="checkbox"/> courteous	<input type="checkbox"/> usually positive	<input type="checkbox"/> occasional problems	<input type="checkbox"/> shows little respect
Concern for Others	<input type="checkbox"/> very considerate	<input type="checkbox"/> considerate	<input type="checkbox"/> usually considerate	<input type="checkbox"/> rarely considerate
Respects property of others	<input type="checkbox"/> always	<input type="checkbox"/> usually	<input type="checkbox"/> sometimes	<input type="checkbox"/> rarely
Responds to correction	<input type="checkbox"/> immediately	<input type="checkbox"/> positively	<input type="checkbox"/> usually positively	<input type="checkbox"/> with defiance
Emotional Maturity	<input type="checkbox"/> very mature/stable	<input type="checkbox"/> age appropriate	<input type="checkbox"/> sometimes	<input type="checkbox"/> very immature/unstable
Self Confidence	<input type="checkbox"/> healthy self image	<input type="checkbox"/> needs some support	<input type="checkbox"/> seems over confident	<input type="checkbox"/> poor self image
Parental Support	<input type="checkbox"/> actively involved	<input type="checkbox"/> cooperative	<input type="checkbox"/> overly protective	<input type="checkbox"/> antagonistic

Has this student had any discipline/conduct problems at your school? If so, please explain. _____

Overall Recommendation:

☐ recommend with enthusiasm ☐ recommend ☐ recommend with reservations ☐ cannot recommend

Please add any additional comments that would be helpful in the admissions process: _____

Evaluator's Name (please print)

Date

School

Evaluator's Signature

School Address

Position

Contact Number

Please return directly to:
Admissions
Trinity Presbyterian School
1700 East Trinity Boulevard
Montgomery, Alabama 36106
334.213.2213 fax: 334.277.6788



CONFIDENTIAL RECOMMENDATION FORM

PRINCIPAL

KINDERGARTEN – FIRST GRADE

Name of Applicant

Grade

School Year

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