



CONFIDENTIAL RECOMMENDATION FORM

PRINCIPAL

SECOND – FIFTH GRADES

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/Guardian _____

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.*

How do you know the applicant? _____

How long have you known the applicant? _____

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

	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"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study/Work Habits	<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"/>
Organization Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility for Class/Homework	<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"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Listen/Follow Directions	<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"/>
Oral Expression of Ideas	<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"/>

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 applicant's *personal characteristics and qualities* by checking the appropriate boxes.

	Excellent	Good	Average	Below Average	No Basis for Judgment
Conduct and Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward School	<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"/>
Self Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<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"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attention Span	<input type="checkbox"/> actively engaged	<input type="checkbox"/> attentive	<input type="checkbox"/> variable attention	<input type="checkbox"/> requires redirection
Spirit of Cooperation	<input type="checkbox"/> always cooperates	<input type="checkbox"/> cooperates	<input type="checkbox"/> occasionally cooperates	<input type="checkbox"/> poor cooperation
Leadership Potential	<input type="checkbox"/> leader	<input type="checkbox"/> can follow or lead	<input type="checkbox"/> leads on occasion	<input type="checkbox"/> rarely leads
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
Personal Integrity	<input type="checkbox"/> highly trustworthy	<input type="checkbox"/> trustworthy	<input type="checkbox"/> usually trustworthy	<input type="checkbox"/> questionable
Emotional Stability /Maturity	<input type="checkbox"/> very mature/stable	<input type="checkbox"/> age appropriate	<input type="checkbox"/> sometimes	<input type="checkbox"/> 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. _____

Has this student ever been suspended, expelled, or placed in any kind of alternative to suspension program? If so, please explain. _____

Is the applicant eligible to return to your school for the next grade level? _____

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

CLASSROOM TEACHER
SECOND – FIFTH GRADES

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/Guardian

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.*

How do you know the applicant? What course/s did you teach this student? _____

How long have you known the applicant? _____

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

	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"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study/Work Habits	<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"/>
Organization Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility for Class/Homework	<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"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Listen/Follow Directions	<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"/>
Oral Expression of Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression of Ideas	<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"/>
Fine Motor Skills (Handwriting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 applicant's *personal characteristics and qualities* by checking the appropriate boxes.

	Excellent	Good	Average	Below Average	No Basis for Judgment
Conduct and Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward School	<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"/>
Self Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<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"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attention Span	<input type="checkbox"/> actively engaged	<input type="checkbox"/> attentive	<input type="checkbox"/> variable attention	<input type="checkbox"/> requires redirection
Spirit of Cooperation	<input type="checkbox"/> always cooperates	<input type="checkbox"/> cooperates	<input type="checkbox"/> occasionally cooperates	<input type="checkbox"/> poor cooperation
Leadership Potential	<input type="checkbox"/> leader	<input type="checkbox"/> can follow or lead	<input type="checkbox"/> leads on occasion	<input type="checkbox"/> rarely leads
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
Personal Integrity	<input type="checkbox"/> highly trustworthy	<input type="checkbox"/> trustworthy	<input type="checkbox"/> usually trustworthy	<input type="checkbox"/> questionable
Emotional Stability /Maturity	<input type="checkbox"/> very mature/stable	<input type="checkbox"/> age appropriate	<input type="checkbox"/> sometimes	<input type="checkbox"/> 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. _____

Has this student ever been suspended, expelled, or placed in any kind of alternative to suspension program? If so, please explain. _____

Is the applicant eligible to return to your school for the next grade level? _____

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