



Trinity
Collegiate
School

Loyalty, Honor, Perseverance

Teacher Recommendation

Student's Name _____ Applying to Grade: _____

To The Parent: Please read and sign the statement below.

For the named student, I give permission for the evaluator to release the information on this form. I understand that I will not have access to this confidential information.

Parent Signature _____ Date _____

To the Applicant: Please print or type your name and give this form to an academic subject teacher. Please provide a stamped envelope for the teacher to return the form to:
Trinity Collegiate School, Admissions Office, 5001 Hoffmeyer Road, Darlington, SC 29532.

To the Evaluator: The Admissions Committee appreciates your honest assessment and comments on this applicant. Thank you for your cooperation and assistance.

How long have you known the candidate and in what capacity? _____

Please list subject taught and textbook(s) used _____

Please comment on the following with regards to this student:

Special interests, talents and abilities _____

Attendance pattern _____

Parent cooperation _____

Parent involvement in school affairs _____

What are the academic strengths and weaknesses of this student? _____

Please evaluate this student in the following areas to the best of your ability:

	Excellent	Good	Average	Fair	Poor	No opportunity to observe
Motivation						
Academic potential						
Ability to complete work on time						
Homework preparation						
Study habits						
Intellectual curiosity						
Critical and abstract thinking						
Attention skills and concentration						
Ability to organize and communicate ideas						
Ability to work independently						
Ability to work in a group						
Class participation						
Reaction to criticism						
Leadership potential						
Conduct and discipline						

Additional comments: _____

All things considered, how would you rate the applicant?

Excellent Good Average Fair Poor

Is there additional information that can be better conveyed in a phone conversation? Yes No

May we contact you if we have further questions about this evaluation? Yes No

If yes, please provide hours and phone numbers or e-mail address where you can be reached.

Name _____

School _____ School Phone Number _____

School Address _____ City/State _____ Zip Code _____

Your Name (Please Print) _____ Your Signature _____