



# Teacher Recommendation Form

\_\_\_\_\_ is applying for admission to Trinity Episcopal School. Your observations and insights of this applicant will assist us in evaluating the possibilities for his/her success in our school. This information will remain confidential.

Please complete and return to the Admissions Office, Trinity Episcopal School, 720 Tremont, Galveston, TX 77550 or fax to (409) 762-7000. Thank you for your help.

PLEASE CHECK THE CATEGORY WHICH BEST REPRESENTS YOUR OPINION					
	Excellent	Good	Average	Fair	Limited
Academic potential					
Academic achievement					
Attention span					
Ability to work alone					
Ability to work in a group					
Attitude towards teachers/adults					
Attitude towards peers					
Response towards redirection					
Attendance					
Overall classroom behavior					
Does this student receive any accommodations? If so, explain:					
What contact have you had with the parents of this student? Please describe your contact (relationship) with the parents. Are they cooperative? Are they involved?					
Has the applicant ever been suspended, placed in in-school suspension, detention, or subject to serious disciplinary action? If yes, please explain briefly.					
Has this applicant been involved in acts of dishonesty? If yes, please explain briefly.					

How long have you known this student? \_\_\_\_\_

Trinity Episcopal School provides an aggressive academic program with in a God-centered environment. Taking into account this student's performance both academically and behaviorally, would you recommend this student?

**WITHOUT HESITATION** \_\_\_\_\_ **WITH SOME HESITATION** \_\_\_\_\_ **NOT AT THIS TIME** \_\_\_\_\_

Please give us all pertinent information that will help us in evaluating this student for admission:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Subject: \_\_\_\_\_ School: \_\_\_\_\_