



TRINITY CHRISTIAN ACADEMY

WHERE A CHRISTIAN EDUCATION SHAPES A LIFETIME

Teacher Recommendation Grades 4 – 12

Parents : Please fill in your child's name and give this form to the child's teacher to complete.

Student's Name : _____ Current Grade : _____

Current School Name : _____

Teacher's Name : _____

Teacher : Please complete the form and mail or fax it to the address at the bottom of the form.

EXPECTATIONS

| | Exceeds | Meets | Does Not Meet |
|--|---------|-------|---------------|
| Class Participation | _____ | _____ | _____ |
| Ability to work independently | _____ | _____ | _____ |
| Interaction with peers | _____ | _____ | _____ |
| Interaction with teachers and other adults | _____ | _____ | _____ |
| Ability to articulate questions and form responses | _____ | _____ | _____ |
| Completion of in-class assignments | _____ | _____ | _____ |
| Completion of homework | _____ | _____ | _____ |
| Preparation for class | _____ | _____ | _____ |
| Enthusiasm for learning | _____ | _____ | _____ |
| Follows instructions for assignments | _____ | _____ | _____ |
| Obey class / school rules | _____ | _____ | _____ |
| Respectful attitude toward peers | _____ | _____ | _____ |
| Respectful attitude toward teachers | _____ | _____ | _____ |
| Arrival to school / class on time | _____ | _____ | _____ |
| General Behavior | _____ | _____ | _____ |
| Behavior comments | | | |

WRITTEN COMMENTS

In your own words, please describe this student's strengths and weaknesses in the classroom.

If known, please let us know about this student's extracurricular activities and interests.

Other important information.

May we contact you if we have any further questions about this student?

Signature _____ Date _____

E:Mail _____ Phone : _____