



TRINITY

CHRISTIAN ACADEMY

Teacher Recommendation Form

Name of applicant _____

Date of birth _____ Applying for Grade _____ Applying for school year _____

This form is to be filled out by the appropriate person at the applicant's school--current teacher, principal, and/or director. We ask that the school send it directly to Trinity Christian Academy by email or facsimile. **It may not be hand-carried by the parent.** Your insights and observations are important in helping to determine acceptance for the child and the family so that his/her aspirations can best be reached. Please know that the professional comments you share will be held in strictest confidence and will be made available only to admission and guidance officers of Trinity Christian Academy. Thank you for your time, effort, and consideration.

Personal Attributes	Outstanding	Above Average	Average	Below Average
Conduct				
Attitude and Cooperation				
Character and Integrity				
Peer Relationships				
Responsibility for Personal Actions				
Concern for Others				
Respect for Adults				
Leadership				

Comments: _____

Academics/Study Skills	Outstanding	Above Average	Average	Below Average
Academic Ability				
Achievement in Relation to Potential				
Able to Work Independently				
Follows Directions				
Is Organized				
Demonstrates Attention Span				
Participates and Shows Interest				
Works Well in a Group				
Completes Classwork on Time				

Comments: _____

Family Information	Outstanding	Above Average	Average	Below Average
Communicates Openly with School				
Participates in School Activities				
Cooperates with Classroom Teachers				
Follows the Rules and Policies of School				

Comments: _____

Has this student ever been involved in disciplinary action(s)? If yes, please explain: _____

Administrative Comment (optional): _____

Teacher's Name _____ Position _____

Signature _____ Date _____

School _____ Phone _____

School address _____

Fax to:
904.596.2531

Email:
admissions@tcjax.org

Attn: TCA Admissions