



# Trinity School at Meadow View

2849 Meadow View Road • Falls Church, VA 22042 • 703-876-1920 • Fax 703-641-9220

## Student Reference – Current Mathematics Teacher

Dear Referee,

\_\_\_\_\_ is requesting admission to Trinity School.  
student's name

We regard your professional evaluation of this student as an important contribution in our consideration of this student's application. We would appreciate your candid comments on this student's intellectual potential and character. The Family Education Rights and Privacy Act of 1974 entitles parents to inspect these letters unless they waive this right. Please note the parent's choice below. Please return this evaluation directly to Trinity School, attention "Admissions."

Thank you for your assistance.  
The Admission Committee

**Parent(s)**, please check your decision before you give this form to the person who will write this reference.

- I hereby waive all rights I have to examine this confidential information.
- I do not waive my rights to examine this confidential information.

Signed: \_\_\_\_\_

<b>ACADEMIC RATINGS</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>	<b>UNABLE TO MEASURE</b>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PERSONAL RATINGS</b>					
Character/Sense of Honor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct/Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(over)

Please describe the applicant's current level of math (eg., pre-algebra, algebra, geometry).  
Please describe what is covered rather than just naming a text.

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Do you know of any academic difficulties this applicant may have? Are there any unusual situations that may affect her/his performance?

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Please describe the contribution this student could make to a new school.

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Other Comments:

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Name of Referee: \_\_\_\_\_

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

Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

If additional space is needed, use space below or attach a separate sheet of paper to this form.