



Trinity School at Greenlawn

107 S. Greenlawn Ave • South Bend, IN 46617 • 574-287-5590 • Fax 574-236-6628 • info.gl@trinityschools.org

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: _____

ACADEMIC RATINGS	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	UNABLE TO MEASURE
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"/>
PERSONAL RATINGS					
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.

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

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

Other Comments:

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.