

Freshman Recommendation

Trinity High School

Admissions Office: 581 Bridge Street, Manchester NH 03104, Telephone (603) 668-2910

INSTRUCTIONS TO THE PARENTS OR GUARDIANS...

Please sign this record-release form and bring it to your child's school.

RECORD-RELEASE AUTHORIZATION

I hereby authorize the release of copies of the transcript and record (including teacher's comments) of my child _____ to Trinity High School. Please include any special education records and testing which apply to the student.

1974 Family Educational Rights and Privacy Act

This Freshman Recommendation Form will become a part of your admissions file. It will be used only for the purposes specifically intended. If you matriculate at Trinity High School, you will be accorded access to its contents unless you voluntarily waive your right of access. Please check one of the boxes and sign the statement below.

I have read the information above and hereby waive do not waive my right of access to this document should I matriculate at Trinity High School.

(Parent/Guardian Signature)

(Date)

INSTRUCTIONS TO THE SCHOOL...

The above-named student has applied for admission to Trinity High School. The information you provide will be an important part of this student's application for admission. This recommendation may be completed by the student's counselor, an 8th grade teacher or principal.

GENERAL EVALUATION

Please indicate the student's performance in each of the following areas.

Please use 5 as the highest score. Any assessment under 3 should be noted on reverse under Add'l comments.

	5	4	3	2	1
WRITING SKILLS					
CRITICAL THINKING					
READING COMPREHENSION					
WORKS INDEPENDENTLY					
MOTIVATION					
CLASSROOM BEHAVIOR					
STUDY SKILLS					
RESPONSIBILITY					
CLASS PARTICIPATION					
WORKS TO POTENTIAL					
QUANTITATIVE SKILLS					
VERBAL SKILLS					

Would you recommend this student for Honors English? Yes ___. No ___.

Would you recommend this student for: Algebra I ___ Honors Alg I. ___ Honors Geometry ___

PERSONAL QUALITIES

	Excellent	Strong	Average	Fair	Poor
CREATIVITY					
SELF-CONFIDENCE					
LEADERSHIP POTENTIAL					
REACTION TO CRITICISM					
REACTION TO SETBACKS					
CONCERN FOR OTHERS					
PERSONAL CONDUCT					
PERSONAL INTEGRITY					
PERSONAL MATURITY					

GENERAL COMMENTS

Does the student have any physical or learning disabilities? If so, please explain.

Does the student access any special services required by an official, current education plan? If so, please explain. _____

Does the student have any special talents (band, drama, sports, creative writing, etc.)? _____

Has the student ever been suspended? _____

If so, why? _____

Additional comments (including explanation of assessments under 3/average from eval.):

Signature: _____

Date: _____

School Position: _____

Email: _____

Thank you for taking the time to make this recommendation. Please return this form along with a **transcript & standardized test scores** to:

Trinity High School, Admissions Office, 581 Bridge St., Manchester, NH, 03104