

# Transfer 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.

\_\_\_\_\_  
(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 should be completed by the student's counselor.

#### 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 additional 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					

## 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					
ABLE TO ACT INDEPENDENTLY					
ABLE TO WORK COOPERATIVELY					

### GENERAL COMMENTS

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

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

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Does the student have any special talents?

Length of time you have known the applicant: \_\_\_\_\_

Additional comments (including explanation of assessments under 3 from evaluation):

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Date: \_\_\_\_\_

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

Title: \_\_\_\_\_

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