



Holy Trinity Catholic School

1st – 8th Grade Teacher Recommendation

*For Application 2018 – 2019
Due by February 1, 2018*

To the Parent

Please complete this section and give to your child’s current homeroom teacher.

Applicant Name: _____ Grade Applying For: _____

Parent Name: _____

Current School: _____ # of years attended: _____

Parent Signature: _____ Date: _____

To the Teacher

The student named above has applied to Holy Trinity Catholic School. We greatly value your candid insights. Please complete the confidential recommendation and return directly to Holy Trinity by **February 1, 2018**.

Teacher’s Name: _____

Teacher’s Signature: _____ Date: _____

Criterion	Excellent	Good	Fair	Poor
Cooperation				
Relationship w/ Peers				
Leadership				
Self-Expression				
Responsibility				
Relation of achievement to ability				
Attention Span				
Listening Skills				
Ability to follow directions				
Ability to complete activities				
Ability to work independently				
Ability to work within a group				
Overall Recommendation				

This recommendation will remain completely confidential.

Mail to:
Holy Trinity Catholic School
13755 SW Walker Rd.
Beaverton, OR 97005

Scan & Email to:
Cindy Hittner
chittner@htsch.org
503 – 644 – 5748

Fax to:
503 – 643 – 4475