Holy Trinity Catholic School

 1st – 8th Grade Teacher Recommendation

 *For Application 2019-2020 School Year*

*Due by February 1, 2019*

***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***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, 2019**.

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: Scan & Email to: Or Fax to:*

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