



To the Parent

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

Applicant Name: _____ Grade Applying For: _____

Current School: _____ Years attended: _____

Parent Name: _____

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 this confidential recommendation and return directly to Holy Trinity by **February 1, 2021**.

Teacher's Name: _____

Teacher's Signature: _____ Date: _____

How well do you know this student? (circle one) Slightly Well Very Well

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				

Does this student demonstrate any significant behavior or personality struggles that impact the school or classroom environment?

Yes

No

Does this student have any significant attendance issues? (Absent or tardy more than five days per term)

Yes

No

Please describe:

Does this student have any significant health or physical disabilities that require special accommodations (altered class schedules, wheelchair access, visual impairment, hearing impairment, issues that require alteration to regular classroom procedures)?

Yes

No

Please describe:

To your knowledge, has this student ever repeated or skipped a grade?

Yes

No

Does this student have any chronic emotional or physical conditions that require medical treatment, medication or counseling while at school?

Yes

No

Has this student ever been tested for or been recommended for testing for learning differences, learning disabilities or any other conditions that impact learning within the last two years?

Yes

No

Is this student diagnosed with a learning disability or any other condition that impacts learning?

Yes

No

Would you like a confidential telephone conference?

Yes

No

Phone number:

This recommendation will remain confidential.

Mail to:

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

Scan & Email to:

Tabitha Spieler
tspieler@htsch.org

Fax to:

Tabitha Spieler
503-643-4475