



TRINITY ACADEMY

Confidential *Math* Teacher Reference Form

Parents: Please fill out the following and give this form to your child's math teacher.

STUDENT NAME: _____

Current Grade: _____

Dear Math Teacher: The above named student is applying for admission to Trinity Academy. Your evaluation of the student will be an invaluable tool in the admission process. The student's file will not be complete without the return of this form. Please either mail in the attached envelope or fax to Trinity Academy, Admissions Office at 316-634-0928. **Thank you in advance for your time and your comments.**

1. What are the first words that come to your mind to describe this student?

2. Please evaluate the student in the following areas:

	Exceptional 5	Above Average 4	Average 3	Fair 2	Poor 1
Family support of student					
Family support of school					
Peer Relationships					
Respect for authority					
Responsibility					
Creativity					
Conduct					
Interest in non-academic activities					
Leadership skills					
Works independently					
Attention span					
Problem solving ability					
Procedures					
General math knowledge					
Attendance					

