



RECOMMENDATION FORM

As part of the application process, we require a written recommendation from a teacher, and one from a coach, mentor or other adult who knows the student in some type of educational context. Thank you for taking time to complete this recommendation.

Student Name: _____ Current School/Grade: _____

General Information:

Your Name: _____ E-mail: _____

How Long Have You Known The Student: _____ In what capacity: _____

Evaluation: Please rate this student in the following areas by rating him/her relative to other 8th grade students you have worked with in the past year.

	Excellent	Above Average	Average	Below Average	Unobserved	Comment (if applicable)
Relationship with Peers						
Relationship with Adults						
Teamwork Skills						
Initiative						
Perseverance						
Ability to Collaborate with others						
Ability to Organize						
Creativity/Imagination						
Personal Responsibility						
Conduct/Discipline						
Honesty/Integrity						
Compassion/Kindness						
Respect for Others						
Leadership Ability						

Please provide any additional information that would help us in our evaluation of this student for acceptance to Trinity Catholic High School.

Signature: _____ Date: _____

Title: _____ Phone: _____

Please scan and e-mail to admissions@trinitycatholic.org or mail to Trinity Catholic Admissions Office, 926 Newfield Avenue, Stamford, CT 06905.

If you have any questions, please call 203-487-8242.