



# Teacher Recommendation Form GRADES 4-12

To: Holy Trinity School, 11300 Bayview Avenue, Richmond Hill, ON L4S 1L4

Admissions Department • P 905-737-1115 • F 905-737-5187 • admissions@hts.on.ca • hts.on.ca

This form is to be completed by the Teacher, Guidance Counsellor or Principal at your child's current school. HTS cannot act until this information has been received. Your current school should email this form directly to admissions@hts.on.ca. A parent cannot 'hand carry' this form to HTS. It will be used only for the admission process and will not become part of the student's permanent record. Parents, please sign the release at the bottom of this page before providing to your child's current school.

## TEACHER RECOMMENDATION (GRADES 4-12)

The student whose name appears below has applied for admission to Holy Trinity School. Your feedback will help us assess whether HTS is a great learning environment for the student. Your evaluation will be treated with the strictest of confidence. Thank you for your co-operation.

Name of Applicant: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### PERSONAL ATTRIBUTES

	No Basis for Judgement	Below Average	Average	Good	Outstanding
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducts themselves respectfully/appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ACADEMIC

	No Basis for Judgement	Below Average	Average	Good	Outstanding
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic growth potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to cope with change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order to allow the candidate to be considered, I authorize the release of my/our child's academic record and recommendation as requested by HTS. I will not seek access to confidential recommendation and evaluation material before or after the admission is made. I release every person and institution from any and all liability resulting from or pertaining to the furnishing of information provided to HTS.

Name of Applicant: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current school may detach and retain lower portion as record of parental permission.

MM/DD/YY

## ADDITIONAL INFORMATION

1. How does the student demonstrate respect for the school community?

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Is the student respected by the faculty? What are the main factors which contribute to this respect or lack of it?

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2. What are the student's strengths?

Academically:

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Personally:

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3. What might you identify as areas for growth?

Academically:

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Personally:

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4. Describe the parents relationship with the school.

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5. Summary Statement:

Please write your assessment of the student's quality and promise both academically and personally. Please speak to the student's academic achievement that you have been able to observe and provide insight on. Please attach a separate sheet (preferably school letter-head) if necessary.

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6. I recommend this candidate in terms of both academic ability and character:

enthusiastically    strongly    fairly strongly    without enthusiasm    not recommended

Length of time acquainted with student:

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Relationship to student:

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Name (print):

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Date:

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MM/DD/YY

Signature:

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