

TRINITY CHRISTIAN SCHOOL
TEACHER'S REPORT 2010-2011
Confidential



_____ gives permission for _____
(Parent/ Guardian Signature) (Your Child's Current School)

to send to Trinity Christian School information concerning _____.
(Student's Name)

Dear Teacher/Administrator,

_____ is applying for admission to Trinity Christian School. We are requesting your assistance in evaluation of this student for acceptance. Thank you for your insights and cooperation. Please mail or fax this form to Trinity.

ACADEMIC ASSESSMENT

Please check appropriate levels:

Reading:	grade level _____	above grade level _____	below grade level _____
Math:	grade level _____	above grade level _____	below grade level _____
Handwriting:	grade level _____	above grade level _____	below grade level _____
Speech:	grade level _____	above grade level _____	below grade level _____

Last Achievement Score Percentiles or Grade Equivalent:

Reading _____ Math _____ Total Battery _____

Please Briefly Assess:

Social Skills/Interests _____

Motivation/Academic Potential _____

Behavior _____

Teachers: Please return this to Trinity Christian School as soon as possible.

(Parents are to forward this form to your current or last teacher)

Teachers Name

Teachers Signature