

# TRINITY SCHOOL OF DURHAM & CHAPEL HILL

## MATH TEACHER REFERENCE

Name of Applicant \_\_\_\_\_

Applicant's Current Grade \_\_\_\_\_

Applicant for Grade: 9      Academic Year: 2006-07

**All information on this reference form is considered CONFIDENTIAL.**

*The student listed above is a candidate for admission at Trinity School. We appreciate your cooperation in completing this form. It provides one way of getting to know the child. Our desire is to create, to the best of our ability, the optimal match of child, school, and placement. Please leave blank any sections that do not apply to your relationship with the applicant.*

What is your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Social Development <i>(mark with a ✓)</i>	Never 1	Rarely 2	Sometimes 3	Usually 4	Always 5
Is open to friendship					
Has a tendency to lead					
Has a tendency to follow					
Exhibits positive attitude toward teacher(s)					
Exhibits positive attitude toward peer(s)					
Adjusts to changes in routines					
Handles frustrations appropriately					
Resolves problems <b>without</b> physical aggression					
Accepts suggestions and corrections					

Comments \_\_\_\_\_

Classroom Interactions/Work Habits <i>(mark with a ✓)</i>	Never 1	Rarely 2	Sometimes 3	Usually 4	Always 5
Has age-appropriate attention span					
Follows directions					
Works independently					
Seeks help when necessary					
Works well in groups					
Contributes to group discussion					
Is eager to learn					
Is willing to try new class activities					
Is thorough in completing assignments					
Is punctual in completing assignments					
Respects classroom rules/routines					

Comments \_\_\_\_\_

Please assess the applicant's skills in the following academic areas.

Subject (mark with a ✓)	Outstanding	Above Average	Average	Below Average	Not Applicable
Facts/computation skills					
Problem-solving skills					
Oral expression					
Organization skills					
Leadership skills					

Comments \_\_\_\_\_  
 \_\_\_\_\_

Family Information (mark with a ✓)	Excessive	Moderate	Minimum
Communication with school			
Participation in school activities			
Cooperation with classroom teachers			
Adherence to rules and policies of school			
Expectations of school			
Expectations of child			

Comments \_\_\_\_\_

- Please comment on the emotional maturity and integrity of the applicant. \_\_\_\_\_  
 \_\_\_\_\_
- Please list the applicant's talents and/or strengths. \_\_\_\_\_
- How does the applicant contribute to the class and/or school environment? \_\_\_\_\_  
 \_\_\_\_\_
- To your knowledge, does the applicant have any impairment in speech, hearing, vision, or physical coordination?  
 \_\_\_\_\_
- To your knowledge, does the applicant require special assistance/accommodations to meet academic requirements (e.g., tutoring)? \_\_\_\_\_  
 \_\_\_\_\_
- What advice would you offer a colleague working with this student? \_\_\_\_\_  
 \_\_\_\_\_
- Is there any additional information that would be helpful to the Admission committee in considering this student? \_\_\_\_\_

Name (please print) \_\_\_\_\_ Address (to send receipt card) \_\_\_\_\_  
 Title/Position \_\_\_\_\_  
 School/Company \_\_\_\_\_  
 Phone (w) \_\_\_\_\_ Phone (h) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your assistance. Please note that references must be received before a decision can be made.

Mail this completed form to:

**TRINITY SCHOOL**, Admission Office  
 4011 Pickett Road, Durham, NC 27705  
 Phone: (919) 402-8262 Fax: (919) 402-0762