

# GUIDANCE COUNSELOR RECOMMENDATION FORM

**This form is to be completed by the applying student's current or previous middle or high school Guidance Counselor and then mailed/faxed directly to Trinity Christian Academy.**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Grade Level

**Note to the Counselor:** *The above student is applying for admission to Trinity Christian Academy. Your recommendation is an important part of the high school admissions process. To give this student fair consideration, we request that you give a full and candid assessment. Please be as realistic as you can in comparison with other students and solicit teacher input, if necessary. Thank you.*

How long has the applicant been enrolled in this school? \_\_\_\_\_

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

How well do you know the applicant?  By name/sight     Casually (few personal contacts)  
 Very well (numerous personal contacts)

Is this student eligible for reenrollment?     Yes                       No

Has this student ever been suspended or expelled?     Yes                       No

This applicant's current GPA \_\_\_\_\_ on a \_\_\_\_\_ scale.

**Student Qualities**

Please evaluate the candidate in terms of the following characteristics by making a check in the appropriate box. Please consider the applicant in comparison with the applicant's entire class.

	Outstanding (top 2%)	Excellent (top 10%)	Above Average	Average	Below Average	No Basis for Judgment
<b>Intellectual ability</b>						
<b>Motivation (Willingness to learn)</b>						
<b>Responsibility</b>						
<b>Strength of Character</b>						
<b>Respect for authority</b>						
<b>Interaction with peers</b>						
<b>Emotional maturity</b>						



TRINITY  
CHRISTIAN  
ACADEMY

Teaching the Art of Learning

**Guidance Counselor Recommendation (page 2)**

**Please make a short comment on the following regarding this applicant:**

A brief summary of personal and academic promise. We are especially interested in examples of character, maturity, independence and areas of strong interest to the applicant, in and out of school.

---

---

---

Greatest strength(s): \_\_\_\_\_

---

---

Limitations, disabilities or special needs: \_\_\_\_\_

---

---

Any other pertinent information: \_\_\_\_\_

---

---

Are there any special circumstances, background information, or other factors (positive or negative) that affect this applicant's performance in high school?

---

---

What should we know about this student that is not evident from the transcript, e.g. academic or disciplinary issues?

---

---

---

---

Which best describes your recommendation for this applicant to be admitted to Trinity Christian Academy?

Highly recommend;  Recommend;  Recommend with reservation;  Do not recommend

Please call me for additional information

\_\_\_\_\_  
Name (Please print) Signature Date

\_\_\_\_\_  
Position School Telephone

\_\_\_\_\_  
School address City State Zip

**Thank you** for taking the time to complete this form. Please return to:  
**Trinity Christian Academy**, 3900 Rapid Run, Lexington, KY, 40515 • (859) 271-0079 • Fax: (859) 271-2134