

TREZVANT ACADEMY, INC

TA: FIRST-TWELVETH GRADE RECOMMENDATION FORM

Name of Student:_				Applica	ant to Grade:
To the Parent or Guardian: Please write your child's name in the space above. Read and sign this form before giving it to your child's principal.					
	ill not become a part of	the child's permanent	file. I also agree that t		be used only in the selection of l be sent directly to Trezvant it.
Parent/Guardian Signature Date					
Please mail or fax this form directly to Trezvant Academy, Inc: P.O. Box 842642 Houston, TX 77284 Phone: (281) 271-7113 Fax: (832) 688-9011					
Topic	Always	Often	Occasionally	Seldom	Never
Follows directions					
Is cooperative					
Participates in activities					
Is able to focus on one task					
Follows classroom routine/rules					
Can work independently					
Relates well with peers					
Is comfortable with adults					
Is imaginative					
Exhibits positive self-image					
Is concerned for others					
Exhibits self- discipline					
Has good study habits					
Has good attendance					
Exhibits maturity					
Is parent in support of school suggestions, and school policies/rules: Yes No Has applicant had any disciplinary problems this year? Yes No, if yes explain: I highly recommend I recommend with reservations because I do not recommend because:					
Signature of Teacher/CounselorSubjectSchool PhoneDate					