

## ST. AUGUSTINE/KETTERLINUS HIGH SCHOOL ALUMNI ASSOCIATION, INC. Teacher Recommendation Form 2024-2025 Graduating Class

Student Directions: Write your name on the line below and give a copy of this form to two St. Augustine High School faculty members or coaches currently on staff.

Dear St. Augustine High Staff Member,			
The student	a St. Augustine High Sta ber of the St. Augustine as using the scale below nge. To ensure confider ry 25, 2025 . Please retu	aff member. This can include teachers, can help the High School staff. Please take a mome of the Wordshood are finished, please place the help to help the form to help the form as soon as possible before the form the form the form the form the form the form as soon as possible before the form the form as soon as possible before the form the fo	our scholarships, ounselors, nt to honestly the form in the o the student.
0-3= Below Average	4-7= Average	8-10= Above Average	
The student demonstrates the potential to succeed in post-secondary schooling.  The student displays excellent character at school.	The student demor formulate solutions The student is a tea		
The student is motivated.	The student display	ys excellent written and oral communication.	
Recommend enthusiastically Recommend with confidence Recommend Recommend with reservation Not recommended  In what capacity do you know this student? For how long have you known this student?  What would you consider to be this student's biggest strength? Weakness?			
Do you believe that this student would benefit from a financial contribution to their post-secondary schooling?			
Is there any information about this stud	lent that you would li	ke for the site team to consider?	
Print and Maria			
Print your Name:		Date:	
Signature:			