

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 Staber of the St. Augustine as using the scale belowinge. To ensure confider 25, 2025. Please return	aff member. This can include teachers, or e High School staff. Please take a mome v. When you are finished, please place in tiality, please do not return the form to urn the form as soon as possible before	our scholarships, counselors, 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 demoi formulate solution The student is a te		
The student is motivated.	The student displa	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	dent that you would li	ike for the site team to consider?	
Print your Name:		Date:	
Signature:			