

## RECOMMENDATION FORM 2012-2013

PLEASE BRING THIS FORM TO THE PRINCIPAL, DEAN OF STUDENTS, GUIDANCE COUNSELOR OR A TEACHER AT THE SCHOOL YOUR SON OR DAUGHTER IS CURRENTLY ATTENDING.

Student Name: \_\_\_\_\_ has applied for admission to St. Joseph Academy. This recommendation is an important part of the decision process.

Please rank the applicant according to academic performance and potential as well as personal character and conduct.

### Academic Performance and Potential

|                                     | OUTSTANDING | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE |
|-------------------------------------|-------------|---------------|---------|---------------|
| Ability to Work Independently       |             |               |         |               |
| Academic Focus                      |             |               |         |               |
| Creativity                          |             |               |         |               |
| Intellectual Curiosity              |             |               |         |               |
| Motivation                          |             |               |         |               |
| Preparedness for Class              |             |               |         |               |
| Work Habits                         |             |               |         |               |
| Organizational Skills               |             |               |         |               |
| Receptive to Constructive Criticism |             |               |         |               |
| Written Communication Skills        |             |               |         |               |
| Verbal Communication Skills         |             |               |         |               |
| Overall Academic Achievement        |             |               |         |               |

### Personal Character and Conduct

|                                | OUTSTANDING | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE |
|--------------------------------|-------------|---------------|---------|---------------|
| Adaptability to New Situations |             |               |         |               |
| Classroom Behavior             |             |               |         |               |
| Cooperation                    |             |               |         |               |
| Concern for Others             |             |               |         |               |
| Leadership Potential           |             |               |         |               |
| Participation in Activities    |             |               |         |               |
| Persistence                    |             |               |         |               |
| Responsibility                 |             |               |         |               |
| Self-Discipline                |             |               |         |               |
| Self-Esteem                    |             |               |         |               |
| Overall Behavior               |             |               |         |               |

(over)

Is the applicant in good standing at your school? If no, explain.

Has the applicant ever been on disciplinary probation or been suspended while enrolled in your school? If yes, explain.

If it were possible to do so, would this student be permitted to re-enroll in your school next year? If no, explain.

Does this student have any special academic needs (i.e., oral exams, tutoring); any learning disabilities?

|                       | <b>OUTSTANDING</b> | <b>ABOVE AVERAGE</b> | <b>AVERAGE</b> | <b>BELOW AVERAGE</b> |
|-----------------------|--------------------|----------------------|----------------|----------------------|
| Academic Potential    |                    |                      |                |                      |
| Academic Achievement  |                    |                      |                |                      |
| Character and Conduct |                    |                      |                |                      |
| Overall Potential     |                    |                      |                |                      |

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ School \_\_\_\_\_

**Please return this evaluation to:  
Admission Office  
St. Joseph Academy, Inc.  
155 State Road 207  
St. Augustine, FL 32084**