



St. Agnes Academy

122 Harbor Drive
Key Biscayne, Florida 33149
Tel: 305-361-3245
Fax: 305-361-6329

2

GRADE 1-8 TEACHER RECOMMENDATION

TEACHER RECOMMENDATION

Name _____ Entering grade _____

This student has applied for admission to St. Agnes Academy. The Principal appreciates your comments on the following:

How long have you known/worked with this student? _____

Does the applicant possess any special or unusual competence or talent?

What do you consider to be this child's strengths?

What do you consider to be this child's weaknesses?

Has the student ever been suspended or expelled from your school? ____ Yes ____ No

If yes, please explain.

Would you please assess the strengths of the applicant as an aid to class placement:

	Above Average	Average	Below Average
Mathematics	_____	_____	_____
Reading Comprehension Level	_____	_____	_____
Composition	_____	_____	_____

PLEASE COMPLETE REVERSE SIDE

“JOY is our call to action: Jesus first, Others second, Yourself last.”

	No basis for Judgement	Below Average	Average	Above Average	Top 10%
Academic achievement	_____	_____	_____	_____	_____
Academic potential	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Citizenship	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Leadership skills	_____	_____	_____	_____	_____
Level of maturity	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____
Parental cooperation	_____	_____	_____	_____	_____
Reaction to criticism	_____	_____	_____	_____	_____
Regularity in completing assignments	_____	_____	_____	_____	_____
Respect accorded by adults	_____	_____	_____	_____	_____
Respect accorded by peers	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____
Self-discipline	_____	_____	_____	_____	_____
Study habits	_____	_____	_____	_____	_____
*Oral expression	_____	_____	_____	_____	_____
*Written expression	_____	_____	_____	_____	_____

*If English is a second language, (circle: YES / NO) please indicate the degree of the student's ability to perform in an academic atmosphere where English is the primary language:

Your Name: _____ Signature: _____

Position: _____ Date: _____

School: _____ Telephone: _____

Thank you for your cooperation. Your recommendation will have a direct bearing on the application of this candidate and will be held in strict confidence.