## **Teacher Recommendation**

Saint Joseph Academy Office of Admissions 101 Saint Joseph Dr. Brownsville, TX 78520 Phone (956) 542-3581 Fax (956) 541-4495



The following student has applied for admission to Saint Joseph Academy. Please help us evaluate this student's potential for success by candidly completing this form. This form will be used for admission purposes only and will not become part of the applicant's permanent file. This form will not be made available to anyone outside the admissions committee, including the student and his/her family.

Student's Name:  Evaluator's Name:			Student's Current Grade:		
			English Teacher Math Teacher		
Evaluator's Phone Numb	oer & Email:				
Please ch	eck the appropriate b		nere this student stand		to peers.
	Top 2%	Top 10%	Top 20%	Top 50%	Bottom 50%
	Outstanding	Very Good	Above Average	Average	Below Average
Academic Ability					
Intellectual Curiosity					
Self-Motivation					
Written Expression					
Oral Expression					
eadership Potential					
Concern for Others					
Study Habits					
Integrity and Honesty					
Self-Confidence					
Classroom Behavior					
and Participation					
In your opinion, is this s	tudent suited for a co	llege preparatory	academic environmer	nt? Please explair	n why or why r
				<u> </u>	