



St. Austin Catholic School Teacher Recommendation Form

Insight into your child's educational background will assist us in getting to know your child. Thank you for asking their current teacher to complete this recommendation form.

Instructions to Parent / Guardian

Please sign and give to your child's current teacher(s). Please make additional copies, if needed. The teacher should return the questionnaire directly to St. Austin Catholic School.

Applicant's Name _____ Current School _____ Current Grade _____

My son/daughter is applying for admission to St. Austin Catholic School. Please complete this form and return it directly to St. Austin Catholic School. I hereby authorize conversations and record sharing between the two schools. I agree to hold the school identified below and its Administrator harmless for information provided in this questionnaire.

Parent/Guardian Signature: _____ Date _____

Instructions to Teacher

Your candid evaluation of the student will be important to a good admissions decision for this student. Please complete this two page form for any additional comments. All information provided will be held in strict confidence pursuant to Diocesan School Policy 320 and will be disclosed only to members of the St. Austin School Administration and Admissions staff. Thank you for your assistance.

Teacher Name _____ Grade or Content Area _____

Please mail directly to:

St. Austin Catholic School
ATTN: Admissions Office
1911 San Antonio St.
Austin, TX 78705
Phone: 512-477-3751
Fax: 512-477-3079

E-mail: admissions@staustinschool.org
www.staustinschool.org

Should you have any questions please contact Director of Admissions:

Kelley Berlin at 512-220-7365 or admissions@staustinschool.org.



St. Austin Catholic School

1st Grade – 8th Grade Teacher Recommendation Form

Please check the response that you think best describe _____
Name of Student

SOCIAL/EMOTIONAL BEHAVIOR	<i>Rarely</i>	<i>Sometimes</i>	<i>Nearly Often</i>	<i>Often</i>
Works and plays cooperatively				
Works independently				
Accepts responsibility				
Exhibits self-control				
Is able to relate to adults				
Shows good attention span				

WORK HABITS/ATTITUDES BEHAVIOR	<i>Rarely</i>	<i>Sometimes</i>	<i>Nearly Often</i>	<i>Often</i>
Shows initiative				
Listens attentively				
Follows directions				
Completes assigned tasks				
Shows active interest in classroom activities				

PERSONAL TRAITS	<i>Rarely</i>	<i>Sometimes</i>	<i>Nearly Often</i>	<i>Often</i>
Self-confidence				
Concern for others				
Standards of personal integrity				
Peer relations				
Adult relations				
Level of maturity				

ACADEMIC TRAITS	<i>Rarely</i>	<i>Sometimes</i>	<i>Nearly Often</i>	<i>Often</i>
Academic interest				
Motivation				
Originality				
Promptness				
Organization				
Use of academic potential				
Study habits				

What words immediately come to mind when you think of this student? _____

Please give us an impression of this student's goals and values. _____

Describe any special or unusual characteristics, strengths and / or weaknesses, which may be relevant to this student's performance in school, including any special needs. _____

Signature _____ Date _____

Printed name of person filling out form _____

School _____ Subject area / grade level _____