



TEACHER RECOMMENDATION FORM
for Students applying to Kindergarten

To the parent: Please complete the following portion of this form and give it to your child's teacher with a stamped envelope and addressed to Augustine School, Attn: Director of Admissions, 1171 Old Humboldt Road, Jackson, TN 38305. Thank You.

Name of Student: _____ School Year Applying For: _____

Name of Current School/Program: _____

School's Address: _____

I acknowledge that I waive my right to read the confidential teacher recommendation(s).

Name of Parent: _____

Signature: _____ Date: _____

To the teacher: Your observations are an invaluable guide in determining the best placement for this child. We value your candid insights and observations. This information is confidential and privileged. It is intended for placement purposes only and will not be part of the student's permanent record. Please return this evaluation in the enclosed self-addressed envelope to Augustine School. Thank you for your help.

Part 1. Please check the response most appropriate for this child.

Attention Span

- Focuses and maintains attention over time
- Attends with occasional teacher redirection
- Easily distracted by noise or movement of others and requires frequent teacher redirection

Task Persistence

- Persist and completes task independently
- Attempts task with some encouragement
- Attempts task with much encouragement
- Often refuses to attempt/complete task

Degree of Independence

- Able to work on most tasks independently
- Requires frequent assistance to complete task
- Needs constant supervision/guidance to complete task

Peer Relationships

- Works and/or plays well with others
- Friendly but reserved
- Has difficulty interacting with peers

5. Please comment on the likelihood of this child being successful in a challenging program.

6. Do you have any concern or reservations about this child you feel warrant a discussion with us?
Please explain.

Part 3.

How long have you known this child? _____

What is your relationship to this child? _____

How many days of the week do you teach this child: _____

Title or position: _____

Please print your name: _____

Signature _____ Date _____

Please send this form directly to Augustine School in the envelope provided. Do not give back to the parent.