



MONTESORI CHILDREN'S COMMUNITY

474 Chadwick Street
Sewickley, PA 15143

Terri Modic, School Head

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Teacher Recommendation Form for Children's House Students

Student's Name: _____

In order for us to fully assess this child's application and to provide for a smooth transition next year, we have received permission to request that you answer the following questions. We appreciate your cooperation as well as your effort in fully completing this form. Please make additional comments on the reverse side if you need more space. Thank you in advance for your assistance.

In general, what do you feel are this child's strengths and weaknesses?

Describe the social interactions of this child with peers.

Describe this child's style of interaction with adults.

Describe this child's leadership skills.

Describe this child's ability to concentrate independently on projects.

Describe this child's self-image.

Describe this child's ability to transition from one activity to another.

Describe this child's ability to adjust to new situations (child's adaptability.)

Describe this child's work within the last year in the following area, specifically listing the materials mastered:

Every Day Living –

Sensorial –

Math –

Language –

Describe this child's cultural interests: general knowledge (geography, geometry, botany, art, music, foreign language, etc.)

Describe this child's body movement skills:

Large motor strength and coordination –

Small muscle coordination –

Describe any special needs that this child may have in the learning process.

Describe any information which would help us to assist this child in having successful learning experiences.

How long have you taught this child? _____

Please send classroom progress reports including materials that this child has mastered in your environment. This information is very important in facilitating a child's transition to our school.

I would rate this applicant overall as:

_____ Outstanding _____ Excellent _____ Good _____ Fair _____ Poor

It would be helpful to me in giving a reference for this child to receive a telephone call from your admissions representative. _____ yes _____ no

School Name and Address: _____

Teacher's Name: _____ Date: _____

Teacher's signature _____

PLEASE MAIL THIS COMPLETED FORM TO:

Terri Modic
Admissions
Montessori Children's Community
474 Chadwick Street
Sewickley, PA 15143

Or email a PDF to office@montessorichildrenscommunity.org