

# Montessori Children's Community

474 Chadwick Street ~ Sewickley, PA 15143

412.741.8982

www.montessorichildrenscommunity.org

## Teacher Recommendation Form for Grades 1 to 8

Student's Name: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Applying for \_\_\_\_\_ School Year

How long have you known the student? \_\_\_\_\_

What have you taught this student? \_\_\_\_\_

Compared to other students in the class, please evaluate this student

Academic Qualities	Excellent	Above Average	Average	Below Average	Not Applicable
Self-motivated					
Organizational skills					
Ability to work independently					
Ability to work in group					
Ability to concentrate					
Participates willingly					
Ability to express needs					
Intellectual curiosity					
Leadership skills					
Writing Ability					
Reading Comprehension					
Quantitative Ability					

**Please circle the words that describe this student. Feel free to add any other descriptive words in the additional boxes that would describe this student.**

Respectful	Anxious	Social
Confident	Defiant	Conscientious
Insecure	Well-liked	Articulate
Honest	Athletic	Energetic
Curious	Helpful	Needy
Caring	Sensitive	Self-centered
Creative	Distractible	Leader
Shy	Disrespectful	Positive influence

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

Does this student have any specific needs with respect to his/her learning?  
If so, how are they addressed?

Briefly describe this student's self-image.

Please share any comments about how the parents support their child's education and how well they cooperate with school staff to best support their child.

How would you evaluate the overall academic ability of this student?

**Excellent**      **Above Average**      **Average**      **Below Average**

How would you evaluate the overall personal qualities of this student?

**Excellent**      **Above Average**      **Average**      **Below Average**

Do you feel this student will easily transition into a Multi-Age Montessori Classroom?

**Yes**      **No**

If No, Please explain.

Is there any information about this student that would be better communicated by telephone?

**Yes**      **No**

Would you be willing to discuss this student by telephone if we have further questions?

**Yes**      **No**

Please share any additional information that you feel will help us to better assist this student in having a successful learning experience at Montessori Children's Community.

Thank you for taking the time to share this information regarding a prospective MCC student. Your input will help ensure that we are able to make the best possible decision regarding this student. The information you provided will be kept in confidence and will not become part of the student's permanent record, nor will we share this information with the parents. Thank you for your prompt response and honest effort in evaluating this student for placement at Montessori Children's Community

**Teachers Name:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_

**School Name and Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Teachers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_