



# community MONTESSORI SCHOOL

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Fax: (813) 886-4950

## Confidential Recommendation - Classroom Teacher (page 1 of 2)

Applicant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Address of Current School: \_\_\_\_\_

**To the Parent:** Please read and sign the statement below. **Parent/guardian signature required.**

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report. I further hereby release the above school from all liability pertaining to the disclosure of this information.

Signature of Applicant's Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Teacher:** This information will only be reviewed by Community Montessori School's Admission Committee. It will not be shared with the student's parents, and will not become part of the student's permanent record. Thank you for your cooperation and candor.

Social/Emotional Development	<i>not applicable</i>	<i>area of concern</i>	<i>progressing</i>	<i>age appropriate</i>	<i>area of strength</i>
Separates easily from parent/guardians					
Transitions easily					
Can follow multi-step directions					
Cooperates in work/play					
Demonstrates self-control					
Seeks help when needed					
Self-confidence					
Relates well with adults					
Relates well to peers					
Respects rules and boundaries					
Responds well to help and/or correction					
Participates in class					
Resolves conflicts with words					
Motor Skills	<i>not applicable</i>	<i>area of concern</i>	<i>progressing</i>	<i>age appropriate</i>	<i>area of strength</i>
Gross motor skills					
Fine motor skills					
Work/Study Habits	<i>not applicable</i>	<i>area of concern</i>	<i>progressing</i>	<i>age appropriate</i>	<i>area of strength</i>
Is attentive					
Listens effectively in a group					
Contributes to discussions					
Follows directions					
Uses independent time well					
Can focus on one task					
Completes tasks					
Shows ability to organize					
Self-starter					
Enjoys new challenges					
Maintains personal belongings					
Parent/Guardian Support	<i>not applicable</i>	<i>area of concern</i>	<i>progressing</i>	<i>age appropriate</i>	<i>area of strength</i>
Reliability of attendance					
Promptness in arriving at school					
Supports school's policies and goals					
Works cooperatively with teacher(s)					
Supports student academically					

## Confidential Recommendation - Classroom Teacher (page 2 of 2)

### Math and Language Skills

1) Please summarize language skills:

2) Please summarize math skills:

OVERALL	1	2	3	4	5	RATING
<b>Academic Ability</b>	<i>Superior</i>	<i>Above Average</i>	<i>Satisfactory</i>	<i>Marginal</i>	<i>Poor</i>	
<b>Independent Work Habits</b>	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Limited Ability</i>	<i>Cannot Work Independently</i>	
<b>Integrity</b>	<i>Exceptional</i>	<i>High Moral Values</i>	<i>Acceptable</i>	<i>Questionable</i>	<i>Record of Dishonesty</i>	
<b>Motivation</b>	<i>Internally Motivated</i>	<i>Above Average</i>	<i>Usually Self-Motivated</i>	<i>Only if Interested</i>	<i>Unmotivated</i>	
<b>Cooperative Attitude</b>	<i>Outstanding</i>	<i>Above Average</i>	<i>Satisfactory</i>	<i>Occasionally Uncooperative</i>	<i>Frequently Uncooperative</i>	
<b>Social Development</b>	<i>Outstanding</i>	<i>Well Socialized</i>	<i>Normal Development</i>	<i>Limited Development</i>	<i>Frequent Social Difficulties</i>	

1) Are you aware of this student qualifying for or being recommended for an educational evaluation? If so, did parents follow up and share results with the school? *(please explain)*

2) Has any disciplinary action ever been taken against this student? Yes \_\_\_\_ No \_\_\_\_ If so, please explain:

3a) Additional comments. *(Please feel free to attach an additional sheet if necessary.)*

3b) Is there any additional information that can be better conveyed in a phone conversation?

Yes       No      If so, best day and time to reach you at school: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Teacher (or school) E-mail: \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I RECOMMEND THIS STUDENT	<i>not at all</i>	<i>with reservation</i>	<i>mildly</i>	<i>with confidence</i>	<i>enthusiastically</i>
Academic ability and potential					
Character and personal promise					
Overall					