



MONTESSORI
School of Denver

Confidential Recommendation - Additional Teacher

To the Parent/Guardian: Please type or print your name and give this form to your current school's office. The school is welcome to email tgehrke@msd-co.org, fax 303-757-6145, or mail the record to Montessori School of Denver (1460 S. Holly St, Denver, CO 80222).

Applicant Name

Applying to Grade

Name of Current School

To the Parent: *Please read and sign the statement below.*

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.

Signature of Applicant's Parent or Guardian

Date

To the Teacher: This information will only be reviewed by Montessori School of Denver'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.

Academic Qualities	NO OPPORTUNITY TO OBSERVE	POOR	FAIR	AVERAGE	GOOD	EXCELLENT	EXCEPTIONAL
Study habits							
Attention span							
Ability to work independently							
Ability to organize and communicate ideas							
Motivation							
Intellectual curiosity							
Critical and abstract thinking skills							
Classroom participation							
Personal Qualities	NO OPPORTUNITY TO OBSERVE	POOR	FAIR	AVERAGE	GOOD	EXCELLENT	EXCEPTIONAL
Relationship with peers							
Relationship with adults							
Creativity							
Self-confidence							
Leadership potential							
Reaction to setbacks							
Concern for others							
Conduct							
Integrity							
Ability to act independently							
Ability to work cooperatively							
General level of maturity							
Sense of humor							

ADDITIONAL TEACHER RECOMMENDATION FORM

1. How long have you known this student, and in what capacity?
2. Please comment on this student's character.
3. Please compare this student's academic achievement to his/her ability.
4. What is this student's greatest strength?
5. What is this student's greatest weakness?
6. Additional comments. *(Please feel free to attach an additional sheet if necessary.)*

Name

Position

School

School phone

School Address

Teacher E-mail

Signature

Date

I RECOMMEND THIS STUDENT	NOT AT ALL	WITH RESERVATION	MILDLY	WITH CONFIDENCE	ENTHUSIASTICALLY
Academic ability and promise					
Character and personal promise					
Overall					