

COUNTRYSIDE
MONTESSORI SCHOOL

Teacher Recommendation Form

Student Name: _____ **Return by:** _____

Teacher Name: _____ **Subject: Math or Language Arts**

The student named above is a candidate for admission to Countryside Montessori School. We would appreciate your candid evaluation of this student according to the questions below. The student's parents are aware that we request such evaluation of the applicants and additionally have been informed that your comments will be held confidential. Please return the Recommendation Form to the Admission Office by the above date. Thank you for your time and effort.

ACADEMIC RATINGS

	<u>Excellent</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
Motivation				
Creative Qualities				
Self-Discipline				
Verbal Expression				
Written Expression				
Organization				
Attentiveness				
Effort				

For Current Instruction:

Please list name of course: _____
 Grades received by student: _____
 Text Book Used: _____
 Recommended Level for next school year: _____

CHARACTER AND PERSONALITY RATINGS

	<u>Excellent</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
Personal Initiative				
Leadership				
Self-Confidence				
Concern for Others				
Energy				
Emotional Maturity				
Reaction to Setbacks				
Respect				
Responsibility				
Overall Character				

(Over)

Cont...

How long have you known this candidate and in what capacity?

To the best of your knowledge, has the candidate been placed on academic or personal probation, suspended or expelled from any school? Yes _____ No _____ If yes, please explain.

Have the parents been supportive of the school policies and suggestions?

To your knowledge, has this student received any resource help, evaluations, or special services for either enrichment or remedial purposes?

I recommend this candidate: ___ Enthusiastically ___ Confidently ___ With Reservation ___ Do Not Recommend

ADDITIONAL REMARKS

Name of Teacher completing this form (Please print): _____

Teacher Signature: _____

Name of Class or Grade Level: _____

School: _____

Address: _____

School Phone: _____

Date Completed: _____

Please return this form to:

Countryside Montessori School
Director of Admissions - Heide Putt
4125 Johnston Oelher
Charlotte, NC 28269
Fax: 704/936-5599