

## Teacher Recommendation Form

for prospective student applicants

### To Be Completed by the Applicant's Parents

Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Applying for Grade \_\_\_\_\_ Applying for School Year \_\_\_\_\_  
 Current Grade/Level \_\_\_\_\_ Current School \_\_\_\_\_  
 Primary Address \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Teacher(s) name(s) \_\_\_\_\_

*I hereby give permission for you to release the information on this form concerning my child to Montessori School of Louisville. I, the parent, understand that I will not have access to this confidential information and that it will not become part of my child's permanent record.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To the Teacher

Please complete the form in its entirety and fax the completed form to (502) 413-5699 or mail to Montessori School of Louisville, 10263 Champion Farms Drive, Louisville, KY 40241. We appreciate your candid response and consider your comments both confidential and an important part of the candidate's application. If you have questions or wish to communicate further, please do not hesitate to call. Thank you.

How long have you known this child? \_\_\_\_\_ Date of entry into your program \_\_\_\_\_  
 Days per week attended \_\_\_\_\_ Length of school day \_\_\_\_\_

### Check all that most consistently describe this child:

- |   |  |
|---|--|
| <input type="checkbox"/> Enjoys large motor activities    | <input type="checkbox"/> Patient                                     |
| <input type="checkbox"/> Enjoys gross motor activities    | <input type="checkbox"/> Defiant                                     |
| <input type="checkbox"/> Positive member of the classroom | <input type="checkbox"/> Positive interaction with peers             |
| <input type="checkbox"/> Responsive to classroom limits   | <input type="checkbox"/> Positive relationships with adults/teachers |
| <input type="checkbox"/> Responsive to teacher directions | <input type="checkbox"/> Aware of others' needs                      |
| <input type="checkbox"/> "Goes with the flow"             | <input type="checkbox"/> Easily frustrated                           |
| <input type="checkbox"/> Cheerful                         | <input type="checkbox"/> Physically hurtful when frustrated          |
| <input type="checkbox"/> Resilient                        | <input type="checkbox"/> Enthusiastic about learning                 |
| <input type="checkbox"/> Short tempered                   | <input type="checkbox"/> Can't sit still                             |
| <input type="checkbox"/> Confident                        | <input type="checkbox"/> Hits or bites                               |
| <input type="checkbox"/> Observer                         | <input type="checkbox"/> Slow to warm up                             |

### Please circle your appropriate response for each item below:

Scale:  
 4 - strength  
 3 - age appropriate  
 2 - more time needed  
 1 - area of concern

### Self Help Skills:

Dresses Self	4	3	2	1
Bathroom Use	4	3	2	1
Lunchtime	4	3	2	1

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Social/Emotional Development**

Shows curiosity	4	3	2	1
Works independently	4	3	2	1
Works cooperatively with peers	4	3	2	1
Feels Secure in Social Group	4	3	2	1
Responds to Constructive feedback	4	3	2	1
Responds to Directions	4	3	2	1
Responds to Nurturing and Comforting	4	3	2	1
Shares well	4	3	2	1
Takes Turns	4	3	2	1
Works cooperatively with teachers	4	3	2	1
Demonstrates self-control	4	3	2	1
Self-motivation	4	3	2	1
Manages Frustration	4	3	2	1
Resolves conflict peacefully	4	3	2	1
Resolves conflict independently	4	3	2	1
Separation from parent/guardian/caregiver	4	3	2	1
Accepts responsibility for actions	4	3	2	1
Concentration	4	3	2	1

Comments:

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**Approach to Learning**

Tries new activities of own choice	4	3	2	1
Needs help to stay on task with own choice	4	3	2	1
Tries new activities that are teacher-directed	4	3	2	1
Needs teacher support to stay on task	4	3	2	1
Makes transitions easily	4	3	2	1
Accepts limits and school routine	4	3	2	1

Comments:

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**Physical Development**

Fine Motor				
General	4	3	2	1
Uses appropriate pencil grip	4	3	2	1
Writing	4	3	2	1
Gross motor				
Body and Space Awareness	4	3	2	1
Balance, gait, fluidity, and ease of movement	4	3	2	1
Participates in physical group activities	4	3	2	1

Comments:

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*Montessori School of Louisville, Inc. – a non-profit organization*

**Please comment on the following regarding this child:**

Parent cooperation, involvement, and relationship with child

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Parent cooperation, involvement, and relationship with school

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To your knowledge, is the parents' perception of the child compatible with the school's understanding of the child?

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**Specific Recommendation:**

Recommend for enrollment at Montessori School of Louisville

Recommend with reservations

Prefer not to make recommendation

I feel there would be some information better communicated by phone

Please indicate telephone number and hours you can be reached for consultation, if needed:

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Completed by: \_\_\_\_\_ Position: \_\_\_\_\_  
*Print full name*

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

Check one:

I am the applicant's current teacher

I am not the applicant's current teacher (if not, please explain below)

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School: \_\_\_\_\_ Phone: \_\_\_\_\_