



## CONFIDENTIAL TEACHER RECOMMENDATION FORM

### PARENT RELEASE

My son/daughter is applying for admission to Smaller Scholars Montessori Academy. **I would appreciate you completing this form and returning it directly to Smaller Scholars Elementary.** I hereby authorize the release of my child's records and evaluative data.

Student Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

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

### TO THE APPLICANT'S TEACHER

The above student has applied for admission to Smaller Scholars Montessori Academy. We would appreciate your evaluation of this student in the areas below. **When completed, we ask that you mail or fax to Smaller Scholars Montessori Academy attention Elementary Admissions using the above address or fax number.** We thank you for your time in completing this form.

Recommender's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Subject(s) Taught: \_\_\_\_\_ Grade: \_\_\_\_\_

How long have you know this applicant? \_\_\_\_\_

If we have further questions do we have permission to call you?  Yes  No

If yes, what is the best time to call you? \_\_\_\_\_

Recommender's Signature: \_\_\_\_\_ Contact # \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

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*Please consider how this student compares to other children in relation to the qualities below:*

<b>RESPECTFUL TO ADULTS</b>	<b>FOLLOWS RULES</b>	<b>EXHIBITS SELF CONTROL</b>
<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Has difficulties in this area	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Has difficulties in this area	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Has difficulties in this area
<b>KIND AND FRIENDLY TO PEERS</b>	<b>LIKED BY HIS/HER PEERS</b>	<b>SELF CONFIDENCE</b>
<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Has difficulties in this area	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Has difficulties in this area	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Has difficulties in this area
<b>MATH ACHEIVEMENT</b>	<b>READING ACHIEVEMENT</b>	<b>WRITING ACHIEVEMENT</b>
<input type="checkbox"/> Superior <input type="checkbox"/> Slightly advanced <input type="checkbox"/> On target for age <input type="checkbox"/> Below average	<input type="checkbox"/> Superior <input type="checkbox"/> Slightly advanced <input type="checkbox"/> On target for age <input type="checkbox"/> Below average	<input type="checkbox"/> Superior <input type="checkbox"/> Slightly advanced <input type="checkbox"/> On target for age <input type="checkbox"/> Below average
<b>MATURITY</b>	<b>INDEPENDANCE</b>	<b>ATTENTION</b>
<input type="checkbox"/> Very mature, adult-like <input type="checkbox"/> On target for age <input type="checkbox"/> Slightly immature <input type="checkbox"/> Very immature	<input type="checkbox"/> Overly independent <input type="checkbox"/> On target for age <input type="checkbox"/> Slightly dependant <input type="checkbox"/> Very dependant	<input type="checkbox"/> High level of attention on work <input type="checkbox"/> Average attention for age <input type="checkbox"/> Pays attention only to others <input type="checkbox"/> Very short attention span
<b>RESPONSIBILITY</b>	<b>COMMUNICATION</b>	<b>PROBLEM SOLVING</b>
<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Has difficulties in this area	<input type="checkbox"/> Superior <input type="checkbox"/> Slightly advanced <input type="checkbox"/> On target for age <input type="checkbox"/> Below average	<input type="checkbox"/> Superior <input type="checkbox"/> Slightly advanced <input type="checkbox"/> On target for age <input type="checkbox"/> Below average
<b>PARENTAL SUPPORT</b>	<b>PARENTAL EXPECTATIONS</b>	<b>ATTENDANCE/PROMPTNESS</b>
<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Has difficulties in this area	<input type="checkbox"/> Too high <input type="checkbox"/> Coincides with the teacher <input type="checkbox"/> Too low <input type="checkbox"/> Inconsistent	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Has difficulties in this area

**Please use the space below to add any additional comments.**