



MONTESSORI
School of Denver

K-5 Confidential Recommendation - Classroom 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. 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 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.

Social/Emotional Development	NOT APPLICABLE	AREA OF CONCERN	PROGRESSING	AGE APPROPRIATE	AREA OF STRENGTH
Separates easily from parents/guardian					
Transitions easily					
Can follow multi-step directions					
Cooperate 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	NOT APPLICABLE	AREA OF CONCERN	PROGRESSING	AGE APPROPRIATE	AREA OF STRENGTH
Gross Motor Skills					
Fine Motor Skills					
Parent/Guardian Support	NOT APPLICABLE	AREA OF CONCERN	PROGRESSING	AGE APPROPRIATE	AREA OF STRENGTH
Reliability of attendance					
Promptness in arriving at school					
Supports school's policies and goals					
Works cooperatively with teacher(s)					
Supports student academically					

CLASSROOM TEACHER RECOMMENDATION FORM

Work/Study Habits	NOT APPLICABLE	AREA OF CONCERN	PROGRESSING	AGE APPROPRIATE	AREA OF STRENGTH
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					

Math and Language Skills

1. Please summarize language skills.

2. Please summarize math skills.

3. Please list any area of concern (to your knowledge has this applicant ever been evaluated or provided special consideration for emotional or academic reasons)?

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

5. Is there any additional information that can be better conveyed in a phone conversation?

Yes No If necessary, hours and phone number where you can be reached: _____

6. Class size and student/teacher ratio:

Class size (# of students): _____ Number of teachers: _____ Number of assistants: _____

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					