



MONTESSORI  
School of Denver

## Confidential Recommendation - Principal/Counselor/Advisor

**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](mailto: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.

<b>Academic Qualities</b>	<b>NO OPPORTUNITY TO OBSERVE</b>	<b>POOR</b>	<b>FAIR</b>	<b>AVERAGE</b>	<b>GOOD</b>	<b>EXCELLENT</b>	<b>EXCEPTIONAL</b>
Study habits							
Attention span							
Ability to work independently							
Ability to organize and communicate ideas							
Motivation							
Intellectual curiosity							
Critical and abstract thinking skills							
Classroom participation							
<b>Personal Qualities</b>	<b>NO OPPORTUNITY TO OBSERVE</b>	<b>POOR</b>	<b>FAIR</b>	<b>AVERAGE</b>	<b>GOOD</b>	<b>EXCELLENT</b>	<b>EXCEPTIONAL</b>
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							

# CURRENT PRINCIPAL, COUNSELOR, OR ADVISOR RECOMMENDATION FORM

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1. For how long and in what context have you known this student?
  
2. Please comment on this applicant's special interests, talents, and abilities.
  
3. Should the admission committee be made aware of any factors that have had an impact on this student's academic or social progress to date? (i.e., attendance, disciplinary record, health issues, etc.)
  
4. Comment on the student as a person. (Consider maturity, integrity, behavior, relationship with peers, self-confidence, etc.)
  
5. What has your experience been in working with this student's family?
  
6. How well does the parent(s) perception match the school's understanding of the child's ability?  
 very well     fairly well     not very well
  
7. Where does this student rank among other students in his/her class?  
 top 10%     top 25%     top 50%     bottom 50%
  
8. 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:

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Name	Position
School	School phone
School Address	Teacher E-mail
Signature	Date

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