MONTESSORI ACADEMY OF CHICAGO

RECOMMENDATION FORM

Elementary Applicant

Teacher Comments			
NAME OF STUDENT	CURRENT GRADE		
TEACHER'S NAME	POSITION		
SCHOOL			
ADDRESS	CITY	STATE	ZIP
The student named above is applying to The Mor the applicant's current/most recent school is req will be kept confidential to the extent the law all record. Your time, effort and feedback regarding	quired to be considered fo llows and will not be retai	or admission. All inforn ned as a part of the stu	nation provided
Please retain a copy of this form for your files an Chicago.	nd send a the original dire	ctly to The Montessori	Academy of
How long have you known the student?			
Student attends program: days per we	eek, hours each	n day.	
What three words would you use to describe this	s student?		
Is the candidate in good standing and eligible to	o remain enrolled (if you o	ffer the next grade lev	el)? OYes ONo

Social/Emotional Development

Please evaluate the candidate in the following areas of development:

	EXEMPLARY	STRONG	AGE APPROPRIATE	NEEDS DEVELOPMENT	(OMMEN
Self-esteem	0	0	0	0		
Leadership	0	0	0	0		
Observes school rules and classroom procedures	0	0	0	0		
Respect for individual differences	0	0	0	0		
Respects rights and property of others	0	0	0	0		
Manages conflict / stress	0	0	0	0		
Sense of humor	0	0	0	0		
Solves problems	0	0	0	0		
Demonstrates courteous behavior	0	0	0	0		
Adjusts to daily transitions	0	0	0	0		



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Social/Emotional Development - Continued

Please evaluate the candidate in the following areas of development:

	EXEMPLARY	STRONG	AGE APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Participates appropriately during class	0	0	0	0	
Completes a process	0	0	0	0	
Maintains self-control	0	0	0	0	
Accepts responsibility	0	0	0	0	
Accepts constructive criticism	0	0	0	0	
Enthusiasm for school	0	0	0	0	

Academic Development

Please evaluate the candidate in the following areas of development:

	EXEMPLARY	STRONG	AGE APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Intellectual curiosity	0	0	0	0	
Creativity	0	0	0	0	
Initiative / Motivation	0	0	0	0	
Listens attentively	0	0	0	0	
Follows oral directions	0	0	0	0	
Follows written directions	0	0	0	0	
Stays on task	0	0	0	0	
Completes assignments	0	0	0	0	
Works well independently	0	0	0	0	
Works well in a group	0	0	0	0	
Works without disturbing others	0	0	0	0	
Demonstrates effort	0	0	0	0	
Seeks help when needed	0	0	0	0	
Time Management	0	0	0	0	

Reading / Language Artst

Please comment on the students effort and achievement in the following areas.

ency	
coding skills	
ading comprehension	
al expression	
iting Mechanics	
itten expression	
cabulary	
erest in independent reading	



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Mathematics Please comment on the students effort and achieve	ement in the fo	lowing areas.		
Conceptualization				
Computation				
Problem solving				
Please comment with additional information that wor personality of this applicant.	would be helpfu	ıl regarding the develop	omental readiness and/	
Does this child have a diagnosed learning disability challenges?	/? Has the child	undergone any testing	for learning / behavior	
Parent-School Relationship Please comment with your insights on the parent-s involvement and expectations.	chool relations	hip, including communi	cation, cooperation,	
Are you aware of any family circumstances that aff	ect the student	's life at school? Please (explain.	
I recommend this student: O Enthusiastically	O Confidently	O With Reservations	O I Do Not Recommend	
we have additional questions, may we call you? O'Yes O'No		Thank you for your time and thoughtful insights. Please complete and return directly to:		
IF YES, PHONE NUMBER: MOST CONVENIENT TIME TO CALL IS:		Montessori Academy of Chica Attn: Admissions Office 1334 West Randolph Street Chicago, Illinois 60607		