

TEACHER RECOMMENDATION FORM

Kindergarten Applicant

Teacher Comments			
NAME OF STUDENT	CURRENT GRADE		
TEACHER'S NAME	POSITION		
SCHOOL			
ADDRESS	CITY	STATE	ZIP
The student named above is applying t the applicant's current/most recent sch will be kept confidential to the extent t record. Your time, effort and feedback	hool is required to be considered for the law allows and will not be retained	admission. All inforned as a part of the stu	nation provided
Please retain a copy of this form for yo Chicago.	ur files and send a the original direct	ly to The Montessori	Academy of
How long have you known the student	?		
Student attends program: da	ays per week, hours each o	day.	
What three words would you use to de	escribe this student?		

Is the candidate in good standing and eligible to remain enrolled (if you offer the next grade level)? O Yes \circ O No

Developmental Readiness

Please evaluate the candidate in the following areas of development:

	ADVANCED	AGE APPROPRIATE	EMERGING	NEEDS DEVELOPMENT	COMMENTS
Acts as a leader	0	0	0	0	
Ability to communicate with peers	0	0	0	0	
Ability to express needs to adults	0	0	0	0	
Ability to express feelings	0	0	0	0	
Expresses ideas in full sentences	0	0	0	0	
Follows multi-step directives	0	0	0	0	
Cooperates	0	0	0	0	
Solves problems	0	0	0	0	
Ability to care for self	0	0	0	0	
Ability to work independently	0	0	0	0	



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Developmental Readiness - Continued

Please evaluate the candidate in the following areas of development:

	ADVANCED	AGE APPROPRIATE	EMERGING	NEEDS DEVELOPMENT	COMMENTS
Follows classroom rules and routines	0	0	0	0	
Ability to make classroom transitions	0	0	0	0	
Participates in group activities	0	0	0	0	
Accepts redirection	0	0	0	0	
Demonstrates patience and respectful observation	0	0	0	0	
Respects property of others	0	0	0	0	
Responds to needs of peers	0	0	0	0	
Makes choices	0	0	0	0	
Demonstrates responsibility	0	0	0	0	
Uses classroom materials purposefully	0	0	0	0	
Displays curiosity as a learner	0	0	0	0	
Demonstrates flexibility with change	0	0	0	0	
Willing to try new activities	0	0	0	0	
Demonstrates spatial awareness	0	0	0	0	
Ability to cope with frustrations	0	0	0	0	
Exhibits conflict resolution skills	0	0	0	0	
Forms a question	0	0	0	0	
Ability to perform fine motor tasks (zips, buttons, control with a pencil)	0	0	0	0	
Ability to perform gross motor tasks (skips, balances, climbs)	0	0	0	0	
Sorts material and articulates classifications	0	0	0	0	
Recognizes similarities and differences	0	0	0	0	
Uses pronouns accurately	0	0	0	0	
Recognizes letters and numbers	0	0	0	0	
Forms letters and numbers	0	0	0	0	
Understands the concept of a word	0	0	0	0	
Recognizes initial and final sounds	0	0	0	0	
Reads short vowel phonetic words	0	0	0	0	
Expresses him/herself in writing	0	0	0	0	
Understands comparative terms	0	0	0	0	
Creates a pattern	0	0	0	0	
Extends a simple pattern	0	0	0	0	
Recognizes geometric shapes	0	0	0	0	
Associates quantity to numeric symbol	0	0	0	0	
Performs addition	0	0	0	0	



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Please comment with additional information that would or personality of this applicant.	be helpful regarding the developmental readiness and/
Does this child have a diagnosed learning disability? Has challenges?	the child undergone any testing for learning / behavior
Parent-School Relationship	
Please comment with your insights on the parent-school involvement and expectations.	relationship, including communication, cooperation,
recommend this student: OEnthusiastically OCon	fidently OWith Reservations OI Do Not Recommend
	Thank you for your time
If we have additional questions, may we call you?	and thoughtful insights.
O Yes O No	Please complete and return directly to: Montessori Academy of Chicago
F YES, PHONE NUMBER:	Attn: Admissions Office 1334 West Randolph Street Chicago, Illinois 60607
MOST CONVENIENT TIME TO CALL IS:	