

Recommendation Form

Child's name _____ Date _____

Your name _____ Title/School _____

Please return this form to: The Montessori School, PO Box 422, Lenox Dale, MA 01242

How long have you known this child? In what capacity?

What are his/her strengths?

What are his/her weaknesses?

Does this child have any special needs? Explain.

Describe this child's social interactions with peers.

Over →

Describe this child's interaction style with adults.

Please mark the child's level of:

	weak	low	high	very high	cannot assess
Motivation					
Independence					
Self-control					
Verbal expression					

In thinking about recommending this child for acceptance at The Montessori School of the Berkshires, please choose your level of confidence that s/he will do well in this environment:

- absolutely certain this will be a good placement
- fairly certain this will be a good placement
- not sure if this will be a good placement
- absolutely certain this will not be a good placement

Why?

Please share any additional comments about this child: