

Teacher/Caregiver Recommendation Form

To the parent/guardian:

I authorize the person below to complete the following recommendation for my child, and I acknowledge this is a strictly confidential communication between the designated recommender and International Montessori School. I waive all rights to access or review the recommendations and acknowledge that the school is relying on this waiver to consider my child for admission.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Student Name:

Current Grade Level/Age:

Name of Recommender:

To the teacher:

This recommendation will be kept in the strictest confidence. We are a language immersion school following the Montessori pedagogy in multi-age classrooms. We understand that all children grow and mature at different rates, and we value the diversity in our classes. Your feedback and details comments help us assess our ability to meet this student's needs. In addition, this recommendation form is used for preschool, kindergarten and elementary age students. Not all areas are applicable to all age levels.

Please mail, fax or email this form to International Montessori School no later than January 8, 2016.

International Montessori School
ATTN: Records
3001 Academy Road, Building 300
Durham, NC 27707
admissions@imsnc.org
FAX: (919) 354 - 6870

How long have you known this child?

In what capacity?

How many children were in this child's class?

How many days a week did the child attend?

What hours each day did the child attend?

Would you be willing to talk further with International Montessori School? Yes No

Best time to call you?

Contact phone number:

Please mark the column that most closely describes your experience with this child.

Social/Emotional Development	Nearly Always	Usually	Sometimes	Rarely	No opportunity to observe.
Adjusts to changes in routines.					
Makes transitions easily.					
Accepts limits from adults.					
Demonstrates ability to self-regulate.					
Is cooperative.					
Uses materials appropriately.					
Follows classroom routines without prompting.					
Willingly participates in <i>large group</i> activities.					
Works or plays in a <i>small group</i> with limited teacher support.					
Works or plays <i>independently</i> with limited teacher support.					
Seeks help when appropriate.					
Tolerates frustration.					
Appropriately initiates interactions with peers.					
Resolves conflicts without physical aggression.					
Respects rights, feelings, and ideas of others.					
Can focus on a task according to classroom expectations with limited teacher support.					
Is concerned with the quality of his/her work.					

Comments regarding this child's social or emotional development and overall maturity:

Language Development	Area of Concern	Steady Progress toward Age/Grade Expectations	Age/Grade Appropriate	Beyond Expectations for Age/Grade	No opportunity to observe.
Speaks so that others can understand.					
Orally answers questions with a complete thought.					
Orally answers questions with detail.					
Uses complex sentences to orally express thoughts and feelings.					
Follows oral directions.					
Demonstrates a developing vocabulary.					
Is able to express self in writing.					
Is able to decode.					
Comprehends what s/he has read.					
Comprehends what has been read to him/her.					
Handwriting/drawing fine motor skills.					

Comments regarding this child's language development:

Physical Motor Development	Area of Concern	Steady Progress toward Age/Grade Expectations	Age/Grade Appropriate	Beyond Expectations for Age/Grade	No opportunity to observe.
Gross motor skills/activities					
Ability to control his or her body					
Handwriting/drawing skills.					
Other fine motor skills.					

Comments regarding this child's physical motor development:

Have you or other professionals at your school considered this child be evaluated for needs such as developmental delays, speech delays, language concerns, learning, emotional, or behavioral difficulties, occupational therapy, etc.? If yes, please explain. Yes No

Is this child currently receiving any services? If so, please explain. Yes No

Based on your experience, is your perception of this child consistent with the parent's perception?

Please comment on this child's readiness for the next grade level/age group by fall.

Please share any additional information we might find helpful.

Your Name:

Your Signature:

Date:

Thank you for your feedback!