



ARBOR MONTESSORI SCHOOL



TEACHER REFERRAL FORM: Elementary Level

Please sign and deliver this form to your child's present teacher:

My child is applying for admission to Arbor Montessori School. I hereby give permission for you to release the following information concerning my child.

Student's Name _____

Birth Date _____

Parent's Signature _____

Date _____

To the Teacher: We at Arbor appreciate your time, cooperation and honesty in completing this form. Your reply will be kept confidential. Thank you for your assistance. *** Please return this form to: Alison Sherrill, Elementary Coordinator, Arbor Montessori School, 2998 LaVista Road, Decatur, GA 30033.

SOCIAL DEVELOPMENT

Usually/ Sometimes / Rarely

Please describe the student's social and behavioral strengths.

Gets and maintains the attention of adults in acceptable ways			
Uses adults as resources			
Leads peers			
Follows peers			
Shows pride in accomplishments			
Exhibits appropriate sense of humor			
Handles conflicts with peers appropriately			

Please describe the student's social and behavioral weaknesses.

Is attentive in a group			
Contributes to group discussions			
Follows directions			
Works cooperatively			
Completes tasks			
Is able to focus on one task			
Respects classroom routines			
Transitions easily between activities			
Is curious			
Is willing to try new activities			
Is a self-starter			
Enjoys new challenges			
Exhibits problem-solving abilities			

ACADEMIC DEVELOPMENT

1. **Reading:** Is at approximately what grade level? _____ What is the student reading?
How well does the student comprehend what he/she reads?

2. **Math:** Is at approximately what grade level? _____
Please list the math materials/lessons which the student is currently working on successfully.

To what level has the student abstracted?

3. **Language:** Does the student write in complete sentences?
How well does the student express ideas and emotions through written language?

(Please include typical work samples for writing and math.)

4. Please describe this student's personality or temperament and his/her learning style.

5. How do the parents contribute to your class and the school community?

6. Do the parents attend school conferences and parent education meetings? ___Yes ___No

7. Do the parents value and understand Montessori education and apply it in their home? ___Yes ___No

8. If the student were eligible to continue in your program, would you invite him/her to return next year? ___Yes ___No

___ Yes on the condition that: _____

I have known this student for ___ Years ___Months. My relationship has been that of _____

We welcome any information you think would be helpful. Please use a separate sheet to include comments concerning strengths, weaknesses, health, or any special needs or concerns of this student and/or family.

Your Name _____ Date _____ Phone _____

School _____ Address _____

City _____ State _____ Zip _____