



# ARBOR MONTESSORI SCHOOL



## TEACHER REFERRAL FORM: Middle School

To the Parent: Please sign the statement of permission below and deliver 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.

\_\_\_\_\_  
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: Adolescent Program Coordinator, Arbor Montessori School, 2998 LaVista Road, Decatur, GA 30033.

### SOCIAL DEVELOPMENT

Usually/Sometimes/ Seldom / Never

PLEASE COMMENT

Gets and maintains the attention of adults in acceptable ways				
Uses adults as resources				
Leads and follows peers				
Shows pride in accomplishments				
Exhibits appropriate sense of humor				
Can handle conflicts with peers in an appropriate manner				

### CLASSROOM BEHAVIOR

PLEASE COMMENT

Can be attentive in a group				
Contributes to group discussions				
Follows directions				
Works cooperatively				
Completes tasks				
Is able to focus on one task				
Respects classroom routines				
Moves easily from one activity to another				
Is curious				
Is willing to try new activities				
Is a self-starter				
Enjoys new challenges				
Exhibits problem-solving abilities				
Expresses ideas well (verbally)				

**ACADEMIC DEVELOPMENT**

1. **Reading:** Is at approximately what grade level? \_\_\_\_\_ How well does the student understand what he/she reads?

2. **Math:** Is at approximately what grade level? \_\_\_\_\_  
How well does the student grasp concepts, carry out operations/procedures and apply mathematical understanding?

If using a math program (publisher), which one is the student using?

3. **Language:** How well does the student express ideas and emotions through written language?

4. **General:** Please comment on this student's social, emotional and academic readiness for a Middle School environment.

5. **Parent Relationship:** How do the student's parents relate to you and the school?

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 child and/or family.

Your Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_