



ARBOR MONTESSORI SCHOOL



TEACHER REFERRAL FORM: Adolescent Level

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 describe the student's social and behavioral strengths.

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 describe the student's social and behavioral weaknesses.

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 an adolescent environment.

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

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 child and/or family.

Your Name _____ Date _____ Phone _____

School _____ Address _____

City _____ State _____ Zip _____

