



ARBOR MONTESSORI SCHOOL



TEACHER REFERRAL FORM: Primary 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: Anu Chandra, Primary Coordinator, Arbor Montessori School, 2998 LaVista Road, Decatur, GA 30033.

Your School _____ Entry Date _____

EMOTIONAL AND SOCIAL DEVELOPMENT AND WORK HABITS

Rarely	Sometime s	Usually	
			Initiates activities independently
			Chooses challenging work
			Completes work
			Focuses on work/task
			Is attentive/participates in group
			Displays neatness and order
			Works without disturbing others
			Has positive response to requests
			Follows directions
			Moves with purpose
			Is sensitive to feelings of others
			Respects property of others
			Separates easily from parent
			Resolves conflicts peacefully
			Displays age-appropriate fine motor skills
			Displays age-appropriate gross motor skills
			Cares for self and belongings
			Displays age-appropriate articulation
			Displays age-appropriate grammar
			Displays age-appropriate vocabulary

PLEASE COMMENT ON PRESENT LEVEL OF WORK IN EACH AREA:

Practical Life:

Sensorial:

Math:

Language:

Cultural Subjects:

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

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

How long have you known this student? ___Years ___Months

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 _____