



ARBOR MONTESSORI SCHOOL



PRIMARY TEACHER REFERRAL FORM

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 my 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 | Sometimes | 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 _____