



PRINCIPAL/COUNSELOR/TEACHER RECOMMENDATION
Elementary

Name of Applicant: _____ Applying for: Primary
Current age of student: _____

Parent or Guardian

Please write your child's name in the space above, read and sign the following before giving this form to the reference for your child.

I understand and agree that the information contained on this recommendation form is **confidential** and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also understand that this completed form will not be available to applicants, parents, or anyone outside the Admissions Committee, and I waive any right that I may have to see it.

Counselor, Principal, or Teacher

Please complete this form and return it in an envelope, or email it to the Administrative Office listed below. This recommendation form will be treated **confidentially** and will not be shared with parents.

Thank you for your cooperation and honesty.

The child's application cannot be processed until this form is received in our Administrative Office.

Please provide information on the student and his or her current education program.

1. Student's date of birth (MM/DD/YYYY): _____
2. Class size: _____
3. Student/Teacher ratio: ____/____
4. Number of days attended per week: _____
5. Language of instruction: _____
6. Other languages spoken by the child or taught to the child: _____
7. Check the student's developmental progress in the following domains:

	Above level	At level	Below Level	Significant Concern
Social Behavior				
Emotional behavior				
Fine motor development				
Gross motor development				
Speech & Language development				



6. Check the phrase which describes how this student performs the following tasks:

	Outstanding	Satisfactory	Needs Development
Reading and comprehension			
Numbers 1-100, identify, write, interpret			
Expressing self (needs, ideas)			
Following directions from teachers			
Sitting in a group			
Standing and walking in line			
Organizing and completing work			

7. Please check how you would rate this student's character and work habits:

	Excellent	Very good	Good	Needs Improvement	Unsatisfactory	No basis for rating
Respects school rules						
Respects others						
Uses self discipline						
Accepts direction/redirection						
Works independently						
Use of time						
Effort/motivation						
Shows positive attitude						
Maturity						
Attendance						

8. How does this student respond to conflict?

9. Please comment on the parents' role in their child's education, and their support of your school's policies and educational mission.

10. Would this student be permitted to re-enroll in your school? If no, please explain.

11. Principal/teacher/counselor information:

Name: _____ Title: _____

Signature: _____

School: _____

Email address: _____

Please mail or e-mail this form directly from the school/center to:

Admissions

Children's House Montessori School

606 S. Santa Fe Ave.

Norman, OK 73069

Phone: 405-321-1275

email: office@cmsnorman.org