



Maria Montessori Academy *Education For Life*

Teacher Reference Form

Student Name: _____

Please complete this form and return it directly by email to office@mariamontessoriacademy.net. This is a confidential evaluation submitted in connection with an application for admission to Maria Montessori Academy. We seek the comments and evaluation of someone who knows this applicant well and may be able to provide insights into their character, personality, and abilities. We appreciate your candid, truthful, and complete responses to the information requested. If you require more space, please type the responses on a separate sheet. This evaluation and its contents will only be used in connection with the Maria Montessori Academy admissions process.

How long and in what capacity have you known the applicant?
What are the applicant's primary strengths?
What are the applicant's primary challenges?
What are the first three words that come to mind to describe this student? a. _____ b. _____ c. _____
What are the applicants' favourite subjects/activities at school?
In what ways has the student contributed to your community?
What are your predictions about how the applicant will do in a Montessori classroom where there is a huge emphasis on intrinsic motivation, independence, and the ability to self-start?
How does this student do when working with children older or younger?
Is there anything else you think we should know before we proceed?

Character Assessment

How would you rate this applicant in relation to other students the same age?

	Excellent	Very Good	Good	Fair	Poor	No basis for judgement
Effort						
Ability to Work Independently						
Ability to Work with Others						
Organization						
Sense of Humour						
Leadership Potential						
Self-esteem						
Creativity						
Emotional Maturity						
Attention Span						
Social Skills						

Preschool to Senior School Education

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E-mail: office@mariamontessoriacademy.net Website: www.mariamontessoriacademy.net

Academic Assessment

How would you rate this applicant in relation to other students the same age?

	Excellent	Very Good	Good	Fair	Poor	No basis for judgement
Written English						
Mathematics						
Academic Potential						
Intellectual Curiosity						
Class Participation						
Work Ethic						
Attitude Towards Learning						
Problem Solving						
Oral Language						
Gross Motor Skills & Coordination						
Listening Skills						
Overall Evaluation as a Student						
Reading & Viewing						
Fine Motor Skills						
Writing and Representing						

Has this child been involved in a gifted learning program? _____

Has this child been referred to Learning Assistance/Inclusive Education? _____

Has this child been referred to a health care specialist for any problems relating to their learning? _____

Does the applicant have an Individual Education Plan (IEP)? If yes, please attach a copy. _____

Thank you for the time and effort spent on this reference. We appreciate your thorough evaluation of the applicant. Please provide the information requested below.

Your Name _____

Email _____

Position _____

Telephone _____

School Name _____

Date _____ Signature _____