

MATH TEACHER RECOMMENDATION



LITCHFIELD MONTESSORI SCHOOL

Applicant's Name: _____

Current Grade: _____

Parents of Applicant: Please print applicant's name in the space below and forward this form to the applicant's current teacher along with an addressed and stamped envelope. Please return to Litchfield Montessori, Attn: Admissions.

1. How long has this student been a member of your class?

2. What personality traits and qualities in the student do you most enjoy?

3. Please comment on the student's interaction with peers and faculty.

4. How does the student respond to academic challenge?

5. Please comment on the student's mathematical performance within your classroom.

6. Please comment on the student's capacity to understand and apply learned numerical concepts.

7. Please describe the child's work behavior (personal initiative, self discipline, school work organization, disposition and effort towards classroom work).

8. Does the student have any difficulties or challenges in the classroom (either academic or otherwise) that we should be aware of?

9. Do you supplement math studies with a specific text book? If so, please identify the title and publisher.

10. What academic area(s) is this student particularly interested in (other than Math) that may help us guide their education most effectively?