



St. Christopher's By-the-Sea

Episcopal Church and Montessori School

Teacher Recommendation

Name _____ Grade _____

How long have you known the student? _____

What do you consider the child's strengths and gifts? _____

What do you consider to be the child's areas of growth? _____

Would you please assess the strengths of the applicant as an aid to class placement:

	Not observed	Below average	Average	Top 10 %
Ability to concentrate / organize				
Academic ability				
Completes assignments				
Cooperation				
Creativity				
Dependability				
Independence				
Initiative				
Integrity				
Leadership				
Level of maturity				
Motivation				
Self-confidence				
Self-discipline				
*Oral expression				
*Written expression				

* If English is a second language, (circle: YES/NO) please indicate the degree of the student's ability to perform in an academic atmosphere where English is the primary language.

Please, email to mabad@stchriskb.org, fax or mail to St. Christopher's Episcopal Montessori School.

Teacher's Name: _____ Teacher's Signature: _____ Date: _____