



**WOODLANDHILL**  
 MONTESSORI SCHOOL  
*An Education for Life*

# Elementary and Middle School Teacher Recommendation Form

100 Montessori Place ☛ North Greenbush, New York 12144  
 Telephone 518.283.5400 ☛ Fax 518.283.4861  
 WWW.WOODLANDHILL.ORG

**Applicant Name** \_\_\_\_\_ **Applying to Grade** \_\_\_\_\_

**TO THE PARENT/GUARDIAN:** Please read and sign the statement below, then give this form to the student's current teacher along with a stamped envelope addressed to Director of Admissions at the address above.

For the student named above, I acknowledge that I waive my right to read this confidential teacher recommendation.

Name of Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**TO THE TEACHER:** The above named student is applying to Woodland Hill Montessori School. Woodland Hill is a Montessori school where independent thinking and cooperative group work is expected of all students. Woodland Hill is committed to a rigorous academic curriculum in a supportive, peaceful environment. This recommendation will remain confidential and will not become part of the student's permanent academic record. Please be sure the parent/guardian has signed the statement above before you send the completed form back to us. We sincerely appreciate your cooperation and candor. Your insight on this student will help us determine the best fit between student and school, ensuring a successful school placement.

## Skills

What are this student's academic strengths? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are this student's academic weaknesses? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe this student's ability to focus on and complete a task \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does this student have any special needs or areas (academic and personal) needing support or adult intervention? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe this student's ability to work in groups \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe this student's ability to work independently \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Skills

Describe this student's ability to resolve conflict \_\_\_\_\_

---



---



---

Describe this student's ability to develop friendships \_\_\_\_\_

---



---

Please mark the applicant's level of:

	weak	low	high	very high	cannot assess
Motivation					
Independence					
Written expression					
Mathematical skills					
Creativity					
Organizational skills					

Describe the family's involvement in your school community. \_\_\_\_\_

---



---

Overall I would rate this student as:  outstanding  excellent  good  Fair  Poor

I would recommend this student for WHMS  enthusiastically  gladly  with reservations  not recommended

If you do not recommend this student, please explain why: \_\_\_\_\_

---



---

Please write any other comments in the space below. \_\_\_\_\_

---



---

Is there additional information that can be better conveyed in a phone conversation?  Yes  No

When did you teach the applicant? Dates: from \_\_\_\_\_ to \_\_\_\_\_ in grade(s) \_\_\_\_\_

Signature	School
Your name (please print)	School address with zip code
Position	Phone
Grade/Subject	Today's date