

# Program Recommendation

Name of Student: \_\_\_\_\_

Application for grade \_\_\_\_\_ I have known this candidate for \_\_\_\_ years \_\_\_\_ months. Number of children in class \_\_\_\_\_.

Currently enrolled in a class of:  2-year-olds  3-year-olds  4-year-olds  5-year-olds  Multi-age students

My relationship has been that of \_\_\_\_\_

What are the first words that come to mind to describe this candidate? \_\_\_\_\_

For the following item, please mark on the dotted line one or more responses which may pertain to each. You may adjust the place on the check mark to left or right within a given section.

Please comment on :

Classroom Behavior	Usually	Sometimes	Seldom
FOLLOWS DIRECTION			
WORK TO COMPLETION			
WORKS CAREFULLY			
DEMONSTRATES GOOD AUDITORY MEMORY			
WORKS INDEPENDENTLY			
EXHIBITS SELF-MOTIVATION			
AGE APPROPRIATE ATTENTION SPAN			
NOT EASILY DISTRACTED			

Social and Emotional Development	Usually	Sometimes	Seldom
RESPECTS OTHERS AND CLASSROOM MATERIALS			
EXHIBITS SELF-CONTROL IN THE CLASSROOM			
SELF-CONTROL ON THE PLAYGROUND			
EXHIBITS COURTESY			
FOLLOWS CLASSROOM RULES			
ENTERS INTO PLAY WITH OTHERS			
ADJUSTS TO NEW SITUATIONS			
SHOWS SELF-CONFIDENCE			

Physical Development	Usually	Sometimes	Seldom
DEVELOPING SMALL MUSCLE CONTROL			
DEVELOPING LARGE MUSCLE CONTROL			
IS ABLE TO RELAX			
DEMONSTRATES INDEPENDENCE IN SELF CARE			

Parent (s) Involvement	Usually	Sometimes	Seldom
ATTENDS PARENT CONFERENCES			
PARTICIPATES IN SCHOOL ACTIVITIES			
MEETS FINANCIAL OBLIGATIONS			
COOPERATES WITH SCHOOL POLICIES AND PROCEDURES			

Toddler and  
Children's  
House  
Applicants



99 Stafford Farm Hill  
Brattleboro, VT 05301  
p 802.257.0500  
f 802.254.2671  
www.hilltopmontessori.org

We would appreciate additional comments and observations concerning the strength, weaknesses, health, or any special needs or concerns of this student and family.

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Attendance Pattern

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Your name \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_