

Early Childhood/Primary Program Recommendation Form

100 Montessori Place Rensselaer, New York 12144
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Child's Name _____ Date of Birth _____

TO THE PARENT/GUARDIAN: Please read and sign the statement below, then give this form to your child's current teacher/caregiver with a stamped envelope addressed to Director of Admissions, Woodland Hill Montessori School, 100 Montessori Place, Rensselaer, NY, 12144.

For the child 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 PRESCHOOL TEACHER/CAREGIVER: The above named child is applying to the Primary program for children ages 3-6 at the Woodland Hill Montessori School. Woodland Hill is a Montessori school where children work independently and cooperatively in a culturally rich environment. 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.

Please place an "X" on the scale below to indicate how you see this child in comparison to his or her peers.

For example: Self initiator Needs constant adult direction

COGNITIVE DEVELOPMENT

Self initiator Needs constant adult direction
 Works independently Needs constant supervision
 High degree of interest Passive
 Transitions easily from activity Transitions are difficult

SOCIAL/BEHAVIOR

Leader Follower
 Makes friends easily Difficulty with peers
 Works best alone Works best in groups
 Resolves conflicts independently Needs adult input to solve conflicts
 Follows directions Unable to follow directions
 Strong willed Compliant

PHYSICAL DEVELOPMENT

Strong conversational skills Weak conversational skills
 (large motor) Bodily control stable Bodily control unstable
 (small motor) Holds utensils comfortably Difficulty holding utensils
 Hand-eye coordination age appropriate Hand-eye coordination below average

Please comment on this child's attitude and adjustment to school/daycare, relationships with peers and cooperation with adults.

Do you feel there is good communication and cooperation between home and school? _____

Please describe the child's cognitive strengths and challenges:

Strengths: _____

Challenges: _____

Please state any behavioral difficulties (e.g. short attention span, easily frustrated, etc.) _____

Are there concerns that this child should be considered for professional assessment? _____

Does this child receive any special instruction or support such as gifted, learning disabilities, ADHD, emotional problems, speech, physical therapy, etc. _____

Is English the primary language spoken at home? Yes No If no, primary language is: _____

Please offer any additional information that you feel might help us better assess this child and our ability to fully meet their needs, you may attach additional sheets if needed. _____

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

Signature	School
Your name (please print)	School address (with zip code)
Position	Phone
Today's date	Dates child was enrolled FROM: TO: