



301 Evergreen Drive, Suite 100, Bozeman, Montana 59715

TEL: (406) 284-2160 FAX: 406-284-2163 EMAIL: admissions@ageofmontessori.org

REFERENCE FORM

INSTRUCTIONS:

Make a copy of this form. Complete Section A on both copies. Give one copy to two (2) separate persons to complete for their recommendation.

Mail to: Age of Montessori *or Email to:* admissions@ageofmontessori.com
301 Evergreen Dr., #100
Bozeman, MT 59715

SECTION A --- To be completed by Applicant:

Applicant name: _____

Applicant email: _____

Course applying for: _____

Applicant's signature: _____ Date: _____

(by signing, you waive your rights under the Family Education Rights and Privacy Act of 1974 to inspect this document)

SECTION B - To be completed by Recommender:

Recommender name: _____

Address: _____

Recommender email: _____ Phone: _____

Title & Institution/Organization: _____

1. How long have you known applicant? _____

2. In what capacity? _____

3. Use this scale to rate applicant: 5 = Outstanding, 4 = Excellent, 3 = Good, 2 = Fair, 1 = Poor:

Academics _____ Dependability _____ Motivation _____ Maturity _____

Ability to: do independent work _____ work w/others _____ problem solve _____

Spoken English skills _____ Written English skills _____

4. Any concerns regarding applicant's language skills? (course is in English) _____

5. Additional comments? Please be specific: _____
