



Quest Montessori School

**Teacher Recommendation Form**

(To be completed by applicant's current classroom teacher)

<b>Student's Name:</b> _____	<b>Grade this Fall:</b> _____
<b>Teacher's Name:</b> _____	<b>Signature</b> _____
<b>School:</b> _____	<b>School Phone:</b> _____
<b>School Address:</b> _____	

May we contact you for additional information, if necessary? Yes No

1. I have known this student for \_\_\_\_\_ years.

2. Briefly summarize the student's **strengths**.

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3. Briefly summarize the student's **weaknesses**.

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