



Quest Montessori School

Teacher Recommendation Form

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

Student's Name: _____ Grade this Fall: _____
Teacher's Name: _____ Signature _____
School: _____ School Phone: _____
School Address: _____

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**.

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