

# CONFIDENTIAL TEACHER RECOMMENDATION FORM FOR PRESCHOOL

Give this form to your child's current or former teacher. If your child is not currently in a pre-school, the child's day care provider or nanny can complete this form.

Child's Name \_\_\_\_\_ Child's D.O.B \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**TO THE PRESCHOOL TEACHER, DAY CARE PROVIDER OR NANNY:**

Please complete the form and return it directly to:

Montessori Family School  
1850 Scenic Ave.  
Berkeley, CA 94709

The information will remain confidential and will not become part of the student's permanent record. Thanks in advance for your time.

What are the child's previous group experiences with siblings, playgroups or in a school setting?

Describe the child's gross/fine motor skills.

Does the child work independently?

Describe the child's ability to focus on a task.

How does the child handle transitions?

Do you have any plans for helping the child transition from home to school independently?

Describe the child's temperament. What are the child's favorite activities?

Describe the most important milestone that the child has achieved in the last 6 months?

How many hours does he/she sleep in a 24-hour period? When? Napper?

What are the child's eating habits?

How does the child express his/her needs and feelings?

Is the child toilet trained? Does the child use the toilet independently? If no, what are you doing regarding toilet training?

What languages are spoken in the home?

Is there any additional information that you would like the Montessori Family School to know about the child? yes / no If yes, please write below.

When did you know the child? Dates: from \_\_\_\_\_ to \_\_\_\_\_

Can we contact you by phone? \_\_\_\_\_ If yes, please include a daytime number:

\_\_\_\_\_

Name and title of the person completing the form:

\_\_\_\_\_

Name/Address of the school or day care (if applicable):

\_\_\_\_\_