



**RECOMMENDATION FORM FOR ADMITTANCE**

**BARRIE IAMS**

**13500 Layhill Road**

**Silver Spring, MD 20906**

**301.576.2866**

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**To be filled in by applicant:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Proposed Montessori Teacher Education Level:

\_\_\_\_\_ Infant and Toddler (birth – 3)

\_\_\_\_\_ Early Childhood (2.5 – 6)

\_\_\_\_\_ Elementary I (6-9)

\_\_\_\_\_ Elementary I & II (6-12)

\_\_\_\_\_ Elementary II (9-12)

Recommendation requested of (person completing recommendation):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution/Organization

*Note to the Applicant: Please provide the information requested above and give the form to each person you have asked to provide a letter of recommendation. Ask the individual to complete this form and send to the Institute office. Please indicate below whether you waive your right to review the recommendation. (This form may be photocopied. Please be certain to request a total of three recommendations.)*

**(Optional) I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect this document.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Recommendation:**

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_
3. On a scale of one to five with (5) being “Outstanding” and (1) being “Below Average”, how well do you think this applicant will perform in the Institute’s program? \_\_\_\_\_
4. How would you rate this student compared to others you have recommended for graduate studies? \_\_\_\_ Outstanding \_\_\_\_ Average \_\_\_\_ Below Average
5. Rating Scale:

Please rate the applicant on the following characteristics using the following scale for the rating:  
5 – Outstanding; 4 – Above Average; 3 – Good; 2 – Below Average; 1 – Unable to Judge

- \_\_\_\_\_ Academic Performance
- \_\_\_\_\_ Dependability/Responsibility
- \_\_\_\_\_ Motivation for proposed graduate program
- \_\_\_\_\_ Ability to do independent work
- \_\_\_\_\_ Research aptitude
- \_\_\_\_\_ Written communication skills
- \_\_\_\_\_ Oral communication skills
- \_\_\_\_\_ Intellectual capacity
- \_\_\_\_\_ Maturity
- \_\_\_\_\_ Ability to work with others
- \_\_\_\_\_ Ability to analyze a problem and formulate a solution
- \_\_\_\_\_ Potential for career advancement

6. Please use this space to make additional comments or recommendations regarding the applicant. Please be specific about the individual's strengths as well as weaknesses.

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Name of Respondent: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

*Please return the completed letter of recommendation to:*

**Director**

**Barrie Institute for Advanced Montessori Studies**

**13500 Layhill Road**

**Silver Spring, MD 20906-3299**

**Or email to [hgreen@barrie.org](mailto:hgreen@barrie.org)**