

EARLY CHILDHOOD TEACHER REFERENCE

Child's Name _____ Date of Birth _____

Dear Parent/Guardian: Please sign the statement of confidentiality below and give this form to your child's current teacher. The form will be returned directly to the Maine Coast Waldorf School Admissions Office.

Statement of Confidentiality

I understand that the information furnished on this reference form will be held in confidence and is not available to the child's family.

Parent/Guardian Signature _____ Date _____

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Dear Teacher/Program Director: Your thoughtful and candid comments will help us determine whether Maine Coast Waldorf School is an appropriate environment for this child. We ask that you respond as promptly as possible as the child's application cannot be processed until we have this form. Thank you for your cooperation!

In what capacity, and for how long, have you worked with this child?

What are your impressions of this child? Please describe the child's abilities and needs, as you see them, with regard to social/emotional, physical and cognitive development.

Is this child at ease in a group? How does the child interact with other children? With adults?

We encourage you to share any other information that you think would be helpful. Please include comments about any special needs of or concerns about this child and/or family.

May we contact you by telephone and/or email for further follow-up about this student? _____

Hours and phone number and email where you can be reached _____

Name (please print) _____ Date _____

Title _____ School or Program Name _____

Signature _____

Thank you for taking the time to complete this form. Please scan/email it as soon as possible to: admissions@mainecoastwaldorf.org If your preference is to mail this form, please send it as soon as possible to:

Admissions Office
Maine Coast Waldorf School
57 Desert Road
Freeport, ME 04032