REFERENCE REQUEST FORM

Requested by: ____________________________________________

To the applicant:
Fill in your name on this form and give it directly to a professor or supervisor under whom you have studied or worked, and provide with a pre-addressed and stamped envelope.

To the recipient of this form:
The contents of this form will remain confidential unless otherwise authorized. The applicant named above has requested admission to the Montessori Center of Minnesota and has given your name as a reference. Please comment on the following aspects of the applicant:

CHARACTER AND PERSONALITY:

ABILITY TO WORK WITH CHILDREN:

ABILITY TO WORK WITH ADULTS:

ACADEMIC ABILITY:

STRONG POINTS (AND WEAK ONES, IF ANY):

AREAS OF CONCERN OF WHICH WE SHOULD BE AWARE:

OTHER COMMENTS:

Signature: __________________________________________________________________________________________
Print name: __________________________________________________________________________________________
Relationship to applicant: __________________________________________________________________________
Length of time known: _____________________________________________________________________________

Upon request, I give permission for applicant to see this completed form: Yes ☐ No ☐

Remit form to: Montessori Center of Minnesota
Attn: Course Assistant
1611 Ames Avenue
Saint Paul, MN 55106