

**RECOMMENDATION FORM FOR ADMITTANCE
To Administrator Course of
INSTITUTE FOR ADVANCED MONTESSORI STUDIES**

**13500 Layhill Road
Silver Spring, MD 20906
301.576.2866**

To be filling in by applicant:

Date: _____

Name: _____

Recommendation requested of:

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.

Name of Respondent: _____ Telephone: (____) _____

Signature: _____ Date: _____

Title/Position: _____

Institution/Organization: _____

Address: _____

Street

City

State

Zip

Please return the completed letter of recommendation to:

Director

Institute for Advanced Montessori Studies

13500 Layhill Road

Silver Spring, MD 20906-3299