

- | |
|--|
| <input type="checkbox"/> Infant-Toddler |
| <input type="checkbox"/> Early Childhood |
| <input type="checkbox"/> Administrator |

Professional Reference For: _____
(Name of Candidate)

The candidate named above has given your name as a reference for enrollment in the Seton Montessori Institute teacher education program to work with children under six years of age and/or to lead a Montessori program. Please answer the following questions and return this completed form to the address/email below. Thank you.

Name of Reference: _____ Position: _____

Address: _____

Phone number: _____ Email: _____

1. When and how did you meet the candidate? For how long have you known him or her? In what capacity?

2. What are three strengths of the candidate? Are there areas for improvement? If so, please elaborate.

3. Would you have any reservations regarding the suitability of the candidate to work with young children (I-T/EC candidate) or to lead a Montessori program (Admin candidate)?
 Yes No Please explain.

4. Is there any other information you can offer that might be helpful in considering the candidate's application and her/his further development as a Montessori educator or school leader?

Feel free to attach any additional comments.

Signature

Date

Please return this completed form to Institute@setonmontessori.org