

Caspari Montessori Institute International, Inc.

9626 West Victory Road, Boise, ID 83709 208.562.1420 or 406.223.0088 casparimontessori@gmail.com

**Personal Recommendation**

Montessori Teacher Education Course applicant: \_\_\_\_\_

The person named above has applied for admission to our Montessori teacher education program and has given your name as a personal reference. Please complete this form and fax, email or mail it to CMI at the above address. Your response is confidential. Thank you for replying as soon as possible so that we can process the application.

Name of person completing this form: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

1. How long have you known the applicant and in what connection?
  
2. What qualities does the applicant possess that would make him/her an effective teacher of young children?
  
3. The CMI Montessori Teacher Education Course involves coursework which requires college level study/writing skills and a high degree of motivation, energy and responsibility. Please comment on the qualities of the applicant in this regard.
  
4. Do you have any reservations regarding the ability or the suitability of the applicant to work with young children?
  
5. Can you offer any additional information that would assist in our consideration of this applicant?

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