



REQUEST FOR STUDENT INFORMATION AND RECORDS

4920 SW Vermont Street, Portland, Oregon 97219
503-246-5495, www.westhills-montessori.com

PART I: TO BE COMPLETED BY THE PARENT / GUARDIAN (down to signature line only)

My child, _____, has applied for admission to West Hills Montessori School. I hereby authorize the release of all pertinent school records. This form also gives West Hills Montessori permission to contact my child's teacher via phone or email with any additional school questions. **Please send this form and all other criteria to West Hills Montessori School at 4920 Vermont Street, Portland, OR 97219.**

Parent Signature _____ Date _____

PART II: TO BE COMPLETED BY CURRENT TEACHER

Please answer each question in as much detail as possible and return to West Hills Montessori School. We appreciate your taking the time provide input as to how this student may be served by a Montessori Elementary program. This form is CONFIDENTIAL and will not become part of the student's file.

Please describe the student's work and daily life in the classroom, with attention to motivation, independence, follow through, variety of work choices, attitude towards learning, and other work habits.

Please describe the child's behavior in lessons, gatherings or circle time, outside time with peers and open ended work time.

How does this child relate to peers? To younger or older children? To adults?

At what level is the child currently working in Mathematics?

At what level is the child currently working in Language? Please comment on reading, writing and spoken language abilities.

Please rate this child's development in the following areas by circling the words/phrases that most closely describe this child:

Attentiveness/Listening in a group	Consistently	Sometimes	Seldom
Focus on a task	Consistently	Sometimes	Seldom
Completion of tasks	Consistently	Sometimes	Seldom
Willingness to follow adult direction	Consistently	Sometimes	Seldom
Working independently	Consistently	Sometimes	Seldom

What are this child's strengths and weaknesses? What will she/he contribute to the elementary community?

Please comment on the family's partnership with the school. Are the principles of the Montessori classroom consistent with the values of the home environment?

How long has this student been in your class?

Is there anything else you feel would be helpful for us to know about this student?

Teacher name _____

School _____

Email address _____

Phone Number _____