

# Faculty Recommendation

## To be completed by the student:

Student's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Student's Address \_\_\_\_\_

## To be completed by the faculty member making the recommendation:

Please rate the candidate in the following categories by circling the appropriate number based on the following rating:

1 = needs improvement 2 = average 3 = above average 4 = excellent N/A = Not Applicable

The student:

Shows desire and curiosity for learning .....1 2 3 4 N/A

Has aptitude and potential for academic success .....1 2 3 4 N/A

Shows persistence when faced with challenges .....1 2 3 4 N/A

Is self-disciplined in establishing and reaching goals .....1 2 3 4 N/A

Interacts well with other students and teachers .....1 2 3 4 N/A

Has developed problem-solving skills .....1 2 3 4 N/A

**Comments** (use the other side of this form):

What do you think is the student's potential for success in the cooperative, high-level, self-directed environment of The Montessori High School? Please add any details that will help the selection committee make a decision.

Evaluator's Name \_\_\_\_\_ Title \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

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

Thank you for your assistance.

**Please send completed form to:**

The Montessori High School  
620 South Broadway  
Lexington, KY 40508

**"I felt fully prepared for my college courses and extracurricular activities. I was even ahead, since I had taken dual credit courses as a Senior"**

**MHS Graduate**

**The  
Montessori  
High School**

**620 South Broadway  
Lexington, KY 40508  
(859)455-8064  
Fax(859)455-7491**