

APPLICATION FORM / SCHOOL RECOMMENDATION

ÉCOLE MONTESSORI CASABLANCA - NOURISHING THE HUMAN POTENTIAL

THE HOUSE OF YOUTH (12 TO 18 YEARS OF AGE)



HEAD OF SCHOOL / PRINCIPAL & TEACHER

2 forms required from the school. These forms are confidential, please fill them and send them directly by email to contact@montessoricasablanca.com.

Mr / Ms

has shown interest in joining our adolescent program. The students in this program engage in running an interdependent community, with the guidance and limited presence of adults. The curriculum involves operating their own micro-economy, studying deeply and collaboratively, producing and preparing their own food, integrated with academic studies. Due to the challenging and encompassing nature of the community, we need to make sure the applicant's experience will be a positive and enriching one. A sound understanding of the applicant's character and skills will help us and the family make the right decision.

We therefore count on your honest feedback, and thank you for your collaboration.

Your Name : Your Position :

APPLICANT INFORMATION

Please comment on the applicant's following attributes:

	OUTSTANDING	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	N/A
Flexibility/Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How long have you known the applicant ?

.....

2. What are the first few words that come to your mind when you think of the applicant?

.....

.....

3. How would you describe the level of the candidate's English proficiency?

Non-Speaker

Beginner

Intermediate

Advanced/Native

APPLICATION FORM / SCHOOL RECOMMENDATION

ÉCOLE MONTESSORI CASABLANCA - NOURISHING THE HUMAN POTENTIAL

THE HOUSE OF YOUTH (12 TO 18 YEARS OF AGE)



4. Please comment on the child's character and personality in relation to peers and faculty.

.....
.....
.....
.....

5. Describe the applicant's sense of responsibility. For instance, how does the applicant handle limited adult instruction/supervision?

.....
.....
.....
.....

6. Describe any notable strengths/talents the applicant has demonstrated.

.....
.....
.....

7. Describe any disciplinary issues encountered with the applicant in the past year.

.....
.....
.....
.....

8. Has this student received any learning support services or accommodations in or outside the school?

Yes No Unknown

If so, describe nature and frequency

.....
.....

9. Has this student received any social/emotional support or counseling services in or outside the school?

Yes No Unknown

If so, describe nature and frequency

.....
.....

APPLICATION FORM / SCHOOL RECOMMENDATION

ÉCOLE MONTESSORI CASABLANCA - NOURISHING THE HUMAN POTENTIAL

THE HOUSE OF YOUTH (12 TO 18 YEARS OF AGE)



Would you recommend this applicant to our program?

- Strongly Mildly Reluctantly No

Please give any reasons for your recommendation.

.....
.....
.....

FAMILY INFORMATION

10. Is the applicant's family supportive of his/her school experience?

- Not supportive Shows some support Supportive Very Supportive

11. Is the applicant's family supportive of your school's programs, events, and principles?

- Not supportive Shows some support Supportive Very Supportive

12. (For administrator evaluation) Has the family been consistent in the respect of your school's financial requirements?

- Not Consistent Somewhat Consistent Very Consistent

Would you recommend this family to our community?

- Strongly Mildly Reluctantly No

Please give any reasons for your recommendation

.....
.....
.....

Are you willing to be contacted should we have further questions concerning the applicant?

- Yes No

Phone number: Email:.....

Thank you for completing this form, we highly appreciate your input in helping us determine whether the applicant is able to thrive within our community. Should you have any questions about our program, please feel free to contact us.

Date: Signature :.....