സീന്ന	Permission i	s hereby given to	Teacher name / School	
many rivers montessori 110 W. Redwing Street Duluth, Minnesota 55803 p. 218.464.5570 f. 218.464.5569 manyriversmontessori.org	to fill	out this form for <sub>-</sub>	Student name	
CONFIDENTIAL TEACHER REFERENCE	Parent Signature	1		
How long have you taught the student?	Parent Signature	- 2		
What are his/her academic strengths?				
What are his/her academic challenges?				
Describe the social interaction of the applicant w	vith peers:			
Describe the applicant's style of interaction with	adults:			
In what ways is/are the student's parent(s) invol	ved in the stude	ent's education?		
Does the applicant demonstrate an ability to cor	icentrate indep	endently on projec	cts?	
Is the applicant self-motivated?				
I would rate this applicant overall as:		_ ·	5	
Outstanding Excellent	Good	Fair	Poor	
Teacher Signature			Date	

Please send this completed form to student.records@manyriversmontessori.org, or mail to the above address.