



**Oak Hill Montessori School  
Junior High Community  
Parent Recommendation**

Your answers to the following questions will help us in evaluating whether your child's experience at Oak Hill Montessori Middle School will be one that is positive. Please be honest and thorough in your answers. We ask that both parents, if possible, complete independent recommendations.

Applicant's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

Please write comments to the following questions on an additional sheet of paper, either neatly written or typed. Attach your responses to this cover sheet.

1. How would you characterize your child's personality and interests? Please be specific.
2. This program is designed to help children become young adults. In what ways are you most interested in seeing your child develop? Why? Is there a part of you that is apprehensive about their growth? If so, specifically about what?
3. What are one or two significant issues that your child has faced in his or her life? Where are they at now with those issues?
4. Does your child have special needs that we should know about?
5. Choose 3 of the following words (circle them) and describe in detail how they relate to your child. Please take this in any direction you would like. In your selections, try to discuss your child's areas of strength as well as those that may need improvement.

Trustworthy  
Creative

Apprehensive  
Perceptive

Self-directed  
Passionate

Vulnerable  
Cooperative

6. If you would like, please share any additional comments you may have.