­­­

**REFERENCE FOR:**

Please check in which capacity you are providing this reference:

Personal Reference

Professional Reference

The candidate named above has provided your name as a reference for enrollment in West Side Montessori School – Teacher Education Program. Please provide your reflections on the following questions. When saving, please insert the candidates name into the file name. Please email to: Registrar@wsmsnyc.org

**Name of Reference**:

**Position**:

**Address:**

**Phone Number**:

**Email Address**:

**When and how did you meet the candidate?**

**Provide 3 personality traits of the candidate.**

**Do you have any reservations regarding the candidate’s ability to work with young children?** **Please explain your reasoning.**

**Is there any additional information you would like to add which might be helpful in considering the candidate’s application for Montessori teacher training?**

Signature Date