

**Montessori Education Center of the Rockies
4745 Walnut Street, Boulder, CO 80301
Tel: 303-494-3002 Fax: 303-494-6104**

**ELEMENTARY COURSE
(Three references are required)**

REFERENCE for: _____
Name of applicant

The person named above has applied for admission to our Montessori teacher training program and has given us your name for a reference. Please complete this form and mail or fax it to the above address. Your response is confidential. Thank you for replying as soon as possible so that we can process the application.

Name of person completing this form: _____

Organization: _____

Address: _____
Street City State Zip

Telephone: _____ **Position** _____

- 1. How long have you known the applicant, and in what connection?**

- 2. What qualities does the applicant possess that would make him/her an effective teacher of children ages six to twelve years?**

