

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

**INFANT & TODDLER COURSE  
(Three references are required)**

**REFERENCE for:** \_\_\_\_\_  
Name of applicant

The person named above has applied for admission to our Montessori teacher education 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 caregiver of very young children?**

**(Continue on page 2)**

