

Montessori Training Centre of British Columbia
#200-8555 Cambie Street, Vancouver B.C. V6P 3J9
604-261 0864 Fax 604 -261 2805 email: montessoritraining@telus.net

REFERENCE REQUEST (Confidential) for:

The above applicant has requested admission to the Montessori Training Centre of British Columbia and has given your name as a reference.

It would be very helpful to us and the prospective candidate if you would comment on the following general areas of inquiry regarding the applicant. *Attach a separate sheet of paper if necessary.*

1. Overall do you support the applicant's claim to be a suitable individual to work with very young children in a position of great responsibility:

2. Briefly, comment on the applicant's character and personality:

3. Briefly, comment on the applicants academic achievements, ability to work independently, and ability to adapt to a rigorous work schedule.

4. Areas of concern of which we should be aware:

Signature: _____

Name (please print): _____

Relationship to applicant: _____

Length of time known: _____

Please return this reference as soon as possible in any of the following ways:

BY MAIL: The Registrar, Montessori Training Centre of British Columbia,
#200-8555 Cambie St., Vancouver, BC V6P 3J9 Tel: 604 261 0864

or BY FAX: 604-261 2805

or BY EMAIL: montessoritraining@telus.net