

**Seton Montessori Institute Professional Reference  
Administrators Program**

PROFESSIONAL REFERENCE FOR \_\_\_\_\_

(Name of Candidate)

The candidate named above has given your name as a reference for enrollment in the Seton Montessori Institute Administrators Program. Please answer the following questions and return this form to the address below. Thank you.

Name of Reference \_\_\_\_\_ Position \_\_\_\_\_

Institution/Address \_\_\_\_\_

Contact Information \_\_\_\_\_

( 1 ) When and how did you meet the candidate? For how long have you known her/him?

( 2 ) What are three strengths of the candidate? Are there areas for improvement?  
If so, please elaborate.

( 3 ) Would you have any reservations regarding the suitability of the candidate to lead a Montessori program and/or school? ( ) NO ( ) YES Explain.

( 4 ) Is there any other information you can offer which might be helpful in considering the candidate's application and her/his further development as a Montessori school leader?

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

