

APPENDIX B: SITE AGREEMENT

FOR ADMINISTRATOR TO COMPLETE AND RETURN:

Adult Learner 's Name _____
Administrator's Name _____
Administrator's e-mail _____
School Name _____ Telephone _____
Address _____ City _____
State _____ Zip _____ e-mail _____

1. AMS Membership:
Is your school an AMS member school? **Yes / No**
2. Non-Discrimination Policy:
Does your school have a non-discriminatory policy for children and staff? **Yes / No**
3. Licensing:
Does your school have a California Community Care License? **Yes / No**
If yes, **License #** _____ **Other State:** _____
4. School Policies:
Will the school communicate to the Adult Learner and the MTEC-SFBA in writing, its administrative policies and guidelines relating to the Adult Learner? **Yes / No**
5. Job Description/Contract:
Does the school provide a job description and a contract of agreement acceptable to the site, the Adult Learner, and the teacher education program? **Yes / No**
*If so, does the job description or agreement include the nature and type of remuneration provide to the Adult Learner? **Yes / No**
6. Cooperation with MTEC-SFBA:
Does the school agree to cooperate with the MTEC/SFBA in matters relating to the practicum such as two (2) release days and one-hour discussion time following each (3) observation by the Field Consultant? **Yes / No**
7. Job Responsibilities:
The Adult Learner in their practicum phase cannot be asked to provide service to the school other than the listed employment responsibilities during practicum hours. Adult Learner may provide additional services outside the practicum hours, if agreed by both parties.
8. Age Range of Class:
Is there a full age span of children (birth - 3) in the classroom in which the Adult Learner shall be working? **Yes / No**
9. Classroom Environment:
Does the classroom have child-sized furnishing and a full array of recommended Montessori Infant & Toddler materials arranged on open shelves accessible to all children? **Yes / No**
10. Supervision:
Is the Adult Learner in the classroom with an approved Supervising Teacher? **Yes / No**
Does the Adult Learner have a qualified and approved Field Consultant? **Yes / No**
11. Model for Field Consultant:
A single Field Consultant observe for all field observations.

Signature _____ Date _____

APPENDIX C FORM D: PRACTICUM SITE INFORMATION

Name of Childhood Education Specialist Program:

Montessori Teacher Education Center San Francisco Bay Area

Specialization of course: **Infant & Toddler Course**

A. Identification of Site:

Name of School _____ Telephone (____) _____

Address _____

Licensed by (list date of expiration and licensing agency, e.g., city of, county of, state department of):

Accreditation (agency, status, date) _____

Affiliations _____

Organization: _____

____ Public (Name of district/agency) _____

____ Private: ____ Nonprofit Corporation

____ Propriety (Owner's Name) _____

B. Personnel

Name, title of chief officer _____

Name, title of administrative head _____

Name, title of academic head _____

Enter the number of: Full-time _____ Part-Time _____ TOTAL _____

Directing Teachers _____

Assisting teachers/aides _____

Supportive personnel _____

C. Description of Service

Number of classrooms in your facility _____ License _____

Capacity _____

PROGRAM LEVEL _____ # of classes _____ # of children _____ Type of program _____

Infant (Birth-18 mo.) _____

Toddler (18 mo. - 3 yrs.) _____

Early Childhood (3-6 yrs.) _____

1st - level Elementary (6-9 yrs.) _____

2nd - level Elementary (9-12 yrs.) _____

Other _____

What kind of grouping is used within a class (e.g., vertical or un-graded, chronological or other)?

Further explanation/comments:

