

## 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 School Membership:  
Has your school affiliated with AMS for this year 201 \_\_\_\_? **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 meet California legal requirements to operate? **Yes / No**
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. Janitorial Services:  
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 (6 – 9 or 9 - 12) 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 Montessori Elementary Level I or Level I-II materials (6 – 9 or 9 – 12) 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**

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:  
**Elementary Level I or Level I-II 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_