



AMERICAN
MONTESSORI
SOCIETY

AMS Credential Recommendation Form Elementary I, I-II, II Stand-Alone

Revised May 2021

Program Contact Information

Name of Program:

Program AMS ID #:

Director:

Email Address:

Phone:

Fax:

Course Level & AMS Expiration Date:

Program Main Site Address (Street, City, State, ZIP, Country):

Location Attended (Street, City, State, ZIP, Country):

Adult Learner Information

Adult Learner AMS ID #:

Last Name:

First Name:

Middle Initial: Prior/Maiden/Other Name(s):

Phone:

Email Address:

Address:

Education and Degree Information

Highest Education Level Completed:

Must be verified by sending AMS the original documentation of degree awarded.

Bachelor's Degree

Master's Degree

Doctorate

Institution Awarding Degree:

Degree Awarded and Major:

Year Degree Granted:

Country in which Degree Awarded:

Credential Degree Requirement:

US Bachelor's degree

International degree with NACES-member evaluation stating equivalency to US Bachelor's

International Bachelor's degree (Nationally recognized by country of issuance/3yr Min. Program Length)

Prerequisites (one of the following)

Early Childhood Montessori Credential
Overview Course (Minimum 45 hours)

If Early Childhood Montessori Credential, provide teacher education program name and year awarded:

Teacher Education Program Name:

Year Awarded:

Academic Phase

Start Date (Month/Year):

End Date (Month/Year):

Minimum Academic Contact Hours EI 325, EII Stand-Alone 325, EI-II 500	Contact Hours (Required):	Grade (Optional):
Mathematics		
Geometry		
Language		
Geography		
History		
Biological Sciences		
Physical Science		
Curriculum Design and Strategies		
Classroom Leadership		
Montessori Philosophy/Theory		
Practical Life		
Child Development		
Movement and Physical Education		
Visual Arts and Crafts		
Music		
Practicum Seminars (Min. 16 hrs)		
Yearlong Project (Max. 16 hrs)		
Other: Describe		
Total		

Practicum Phase

The start of the practicum phase should be preceded by the start of the academic phase.

Start Date (Month/Year):

End Date (Month/Year):

Model (Check One):

Elementary I, Supervised

Elementary I, Self Directed*

Elementary II, Supervised

Elementary II, Self Directed*

*For Self Directed practicum, describe additional support provided:

Practicum Site:

School Affiliation:

Practicum Site Address (Street, City, State, ZIP, Country):

Phone:

Head of School:

Email Address:

Supervising Teacher's Name:

Number of Practicum Hours (Minimum 1,080):

Practicum Visits Verification

Minimum of three visits required. The practicum visits should fall within the practicum phase dates.

Date/Time (from - to):	Duration of Visit (hours):	Field Consultant (Please Include Full Name):
1.		Name:
2.		Name:
3.		Name:
4.		Name:
5.		Name:
6.		Name:

Transfer Information

For transfer candidates, include AMS Transfer Form with recommendation.

Is the credential candidate a transfer from another Montessori organization/program?

Yes

No

If yes, complete the fields below and include the AMS Transfer Form with supporting documentation.

Name of Montessori Organization/Program:

Dates Attended (Month/Year to Month/Year):

Comments:

Transcripts

Scan of original high school/college transcript or original credential evaluation must be attached.(Original must be reviewed by TEP Director and saved in program files)

Completion

Credential (Check One):

- Elementary I (6-9)
- Elementary I-II (6-12)
- Elementary II (9-12) Stand-Alone

Program Completion Date (Month/Year):

Credential Candidate Name as it Should Appear on Credential Certificate (Legal Name Strongly Encouraged):

Verification and Signatures

All requirements for attendance at lectures, practice with materials, observation, practice teaching, and financial obligations have been fulfilled by this student.

Signature of Teacher Education Program Director:

Date:

I hereby certify that all of the information on this form is true and correct. I also authorize AMS staff to review my transcripts for the purpose of verifying fulfillment of educational requirements. Further, all requirements for attendance at lectures, practice with materials, observation, practice teaching, and financial obligations have been fulfilled by me.

Signature of Adult Learner:

Date: