

**APPENDIX H:
FIELD CONSULTANT
INFORMATION AND AGREEMENT**

For Field Consultant to Complete:

Name: _____

Telephone: _____

Address: _____

Telephone: _____ (W) _____ (H) SS# _____

Adult Learner _____

e-mail _____

1. Where and when did you receive your Montessori early childhood teacher credential?

Where: _____ **When:** _____

- **Submit a copy of your Early Childhood Montessori credential(s)**
- **Submit a copy of your college transcript(s) or degree(s)**
- **Submit a copy of your resume (email)**
- **Complete the record of Professional Development Chart (on-line)**

2. How many years have you been a teacher in the early childhood classroom?

Years: _____

3. Will you be available to visit the Adult Learner three (3) times during the school year? A minimum of 2.5 hours of observation per visit to consult with the Adult Learner? **Yes / No**

4. Are you willing to complete the Field Consultant Observation Reports and submit them to MTEC/SFBA after each observation visit? **Yes / No**

5. Are you willing to assist the Adult Learner in discussion regarding:

Knowledge (Philosophy & Human Development)	Yes / No
Pedagogy (Curriculum & Implementation)	Yes / No
Teaching with Grace and Courtesy	Yes / No

6. Are you willing to abide by the directives and information in the Field Consultant's Handbook? **Yes / No**

7. Are you willing to complete the Recommendation for Credentialing – Practicum form when the Adult Learner has successfully completed the practicum competencies? **Yes / No**

Signature

Date