



AMERICAN
MONTESSORI
SOCIETY

AMS Credential Recommendation Form Infant & Toddler

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:

Previous/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.

High School Diploma or Equivalent

Associate Degree

Bachelor's Degree

Master's Degree

Doctorate

Institution Awarding Degree:

Degree Awarded and Major:

Year Degree Granted:

Country in which Degree Awarded:

Full 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)

Not applicable (applying for Associate's credential)

Academic Phase

Start Date (Month/Year):

End Date (Month/Year):

Montessori EC Overview Course (24 hrs):

or AMS-recognized EC Credential:

Minimum 210 Academic Contact Hours	Contact Hours (Required):	Grade (Optional):
Montessori Philosophy (Min. 24 hrs)		
Pedagogy (Min. 21 hrs)		
Environmental Design (Min. 30 hrs)		
Child, Family, and Community (Min. 15 hrs)		
Observation (Min. 15 hrs)		
Personal Growth and Development (Min. 15 hrs)		
Program Leadership (Min. 15 hrs)		
Child Development: Prenatal - 3 Years (Min. 45 hrs)		
Practicum Seminars (Min. 16 hrs)		
Practicum Observations (4 min.)		
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):

Model 1, Infant Concentration

Model 2, Toddler Concentration

Model 3, Special Interest (describe: _____)

*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 540):

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):

- Infant & Toddler
- Associate Infant & Toddler

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: