



Application for Admission

Desired Level of Training: Early Childhood (3-6) Elementary I (6-9)

Summit Montessori Teacher Training Institute

Mailing Address: 5451 SW 64th Avenue Davie, FL 33314 (954) 584-3466

Applicant _____

Last Name

First Name

Middle Initial

Preferred First Name

Maiden Name

Date of Birth ____/____/____

Citizenship _____

Social Security Number _____

Home Address _____

Street

City

State

Zip

Current Address _____

(if different than above)

Home Phone (____) _____

Work Phone (____) _____

E-mail _____

How did you learn about the Institute? _____

Is there anything you would like us to know about your learning style that would better enable us to assist you during the course?

What are your expectations from the course?

Are you interested in graduate credits? Yes No

EDUCATION:

High School

City/State

Diploma

Graduation Date

College/University

Degree/Major

Graduation Date

If your transcripts are from a foreign country, World Educational Services must evaluate them. Have you made arrangements for your transcripts to be evaluated:

Yes No

MONTESSORI CERTIFICATION:

Program

Certification/Level

Year

STATE TEACHING CERTIFICATE:

Certificate

Issuing State

Year

TEACHING EXPERIENCE:

School

Location

Level/Years

EMPLOYMENT BACKGROUND:

Employer

Location

Position

From/To



Recommendation for Admittance

Summit Montessori Teacher Training Institute

Mailing Address: 5451 SW 64th Avenue Davie, Florida 33314 (954) 584-3466

To be filled in by the Applicant:

Name _____ Date _____

Recommendation requested of:

Name _____

Title/Relationship _____ Institution/Organization _____

Note to the Applicant: Please provide the information requested above and give the form to each person you have asked to provide a letter of recommendation. Ask the individual to complete this form and send it to the Institute office. Please indicate below whether you waive your right to review the recommendation.

(Optional) I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect this document.

Applicant's Signature _____ Date _____

RECOMMENDATION

1. How long have you known the Applicant? _____

2. In what capacity have you known the Applicant? _____

3. On a scale of one to five with (1) being "Below Average" and (5) being "Outstanding", how well do you think the applicant will perform in the Institute's program? (please circle) 1 2 3 4 5

4. Please rate the applicant on the following characteristics:

	Outstanding	Above Average	Good	Below Average	Unable to judge
Academic Performance	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Ability to do independent work	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Research Aptitude	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Ability to work with others	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Ability to analyze a problem and formulate a solution	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Potential for Career Advancement	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Works well under stress	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Dependability/Responsibility	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Motivation	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Written communication skills	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Oral communication skills	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Intellectual capacity	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Maturity	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1



5. Please use this space to make additional comments or recommendations regarding this applicant.
Please be specific about the individual's strengths as well as weaknesses.

Name of Respondent _____ Relationship _____

Signature _____ Date _____

Title/Position _____

Institution/Organization _____

Address _____

Phone () _____

Please return the completed letter of recommendation to:

Director
Summit Montessori Teacher Training Institute
5451 SW 64th Avenue
Davie, Florida 33314