

Application for Admission

Level of Training: VT 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 (____) _____ Email _____

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 _____

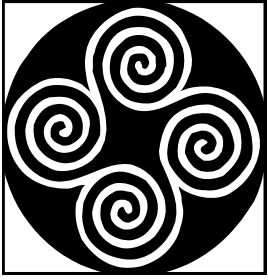
STATE TEACHING CERTIFICATE:

Certificate _____ Issuing State _____ Year _____

TEACHING EXPERIENCE:

School _____ Location _____ Level/Years _____

EMPLOYMENT BACKGROUND:Employer _____ Location _____ Position _____ From/To _____



REFERENCES (We will expect letters on your behalf from the following three people):

Name	Position/Title	Relationship to Applicant
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

PRACTICUM PHASE:

*The candidate is entitled to 3 on-site observations by a field consultant.

Have you made arrangements for a Practicum Site? Yes No

School _____

School Address _____

School Phone (____) _____ School Fax (____) _____ Email _____

Administrator _____

School Affiliation (please circle one) AMS AMI Other (please specify) _____

Name of your Supervising Teacher and their Montessori credential _____

If you do not have a Practicum Site, in what geographical location can you work? _____

SUMMER ARRANGEMENTS:

Do you need housing information? Yes No

Do you need Summer Camp information for your children? Yes No

ITEMS NEEDED FOR THIS APPLICATION:

- _____ A \$ 110.00 Application Fee must accompany this form made payable to Summit Montessori Teacher Training Institute (SMTTI)
- _____ One official copy of college transcripts (if applicable) for each degree held, mailed to SMTTI from the college
- _____ Copies of Montessori diplomas and/or state teaching certification, if applicable
- _____ Three letters of recommendation- 2 professional and 1 personal (Please make photocopies of the single form provided and have the reference send them directly to SMTTI).
- _____ An Essay discussing your interests and expectations of a Montessori teacher education

PREFERRED METHOD OF PAYMENT:

- _____ In Full
- _____ Deferred Payment Plan

SMTTI admits students without regard to race, religion, sexual orientation, age, nationality, disability or ethnic origin. We will process the preceding information upon receipt of your completed application package and notify you with regard to your acceptance. Applications may be cancelled in writing within seven (7) days after the Enrollment Agreement has been signed by both parties. The \$100.00 Application Fee is non-refundable. The Institute does not guarantee job placement to graduates upon program/course completion.

Applicant's Signature _____ Date _____



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