



Application Elementary I-II

Name Last First Middle
 Birth Date Social Security #
 Address Street City State Zip
 Email Phone:

Educational History

High School School Name City, State Year Diploma Awarded
 College/ University School Name City, State Dates Attended
 Degree Earned
 Major Minor
 Montessori Credential(s) Date(s) Credential Awarded
 Name of Montessori Teacher Education Program City, State
 Other Education/Training Date
 Number of Years of Teaching Experience
 Montessori Public/Private

Please include \$100 application fee, 2 copies of official university or college transcripts/credentials and three letters of recommendation, of which one may be personal, with application.

GCMTEC Staff Use Only			
Accepted _____	Date _____	Interviewed by _____	
<input type="checkbox"/> Application Fee Paid	Check # _____	PO# _____	Money Order _____ Cash _____
<input type="checkbox"/> Official Transcripts/Credentials		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recommendation Letters	



Elementary Survey

Name _____

Describe your experience to date with Montessori Education in general

What is the location of your Practicum Site?

School Name

City, State

Please check the levels of students in your classroom. You must have 3 levels in your classroom.

1st, 2nd and 3rd

OR

4th, 5th and 6th

What level will you be teaching?

Elementary I or II

OR

Elementary I-II

Which best describes your Practicum classroom?

Self Directed

In the classroom with a mentor

Team Teaching

If you will be Team Teaching or Teaching with a Mentor in your Practicum classroom, does she/he have 3 years of teaching experience after receiving her/his Montessori credential?

Yes

No

Unknown

How many students do you estimate having in your Practicum classroom? _____

I certify that the information reported in this application is true and correct.

Gulf Coast Montessori TEC Applicant signature

Date