



Montessori Institute of Advanced Studies

22781 Canyon Court, Castro Valley, CA. 94552

Telephone: (510) 581-3729 ♦ Fax: (510) 581-6824

Dear Prospective Student,

Thank you for your interest in the 2027-2028 Montessori Early Childhood Teacher Credentialing Program offered by the Montessori Institute of Advanced Studies.

The Credentialing Program includes lectures in Montessori philosophy, principles and practice with Montessori didactic materials.

Sincerely,

Meher Van Groenou

Director

MACTE Accredited and AMS Affiliated



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Montessori Institute of Advanced Studies

Presents

Early Childhood Credentialing Program

To be completed in one year.

Join us for a Five Week Summer Intensive

With Practicum completed during the school year.

Our mission is to offer a program where each individual pursues growth within the limits of social responsibility, as stated by Dr. Maria Montessori Philosophy of Education.

Our Teacher Training Program offers an opportunity to verify what gifts reside inside of you for helping children in their self-learning through the intuitive quality of attention. In its presence you will experience openness to the child's heart and receive its trust in return.

Our goal is to prepare teachers with the deepest grounding in Montessori philosophy. To develop teachers who have a broader approach in the contemporary context of child development and to create teachers as scientific pedagogues who see the prepared environment as a dynamic system that follows the child.

Our graduates enjoy our small class size and individual attention as well as being able to finish the program in one year. They also appreciate our low tuition and the ability to receive academic credit through CSU-East Bay.

Classes, Practicum, Workshops and Seminars fully prepare you to be the best.

Please Join Us

Contact us at: montessori.ins@gmail.com

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Application for Admission for the Early Childhood Program (2 1/2 - 6)

Date of application: _____ Email address: _____

Applicant: _____

(Last name) (First name) (Middle/maiden name)

Date of birth: _____ Place of birth: _____ Social Security Number: _____

Home address: _____

Street City State Zip

Mailing address: _____

Street City State Zip

Home phone: () _____ Work phone: () _____

Citizenship: _____

Person to notify in an emergency: _____

Last name First Middle

Address Home phone Work phone

Education: List high school, colleges, professional schools, and workshops attended, and have a copy of official transcripts sent to the Montessori Institute of Advanced Studies:

Institute City State Degree/Certificate Year

1. _____

2. _____

3. _____

State Teaching Certificate: _____ Year: _____

Teaching Experience: School Position City State Years

1. _____

2. _____

3. _____

Other Employment: Employer Position City State Years

1. _____

2. _____

3. _____

How did you hear about the teaching program at the Montessori Institute of Advanced Studies?

Anticipated practicum site: _____ Phone: () _____

Address: _____

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Is this school an affiliate of the American Montessori Society?

Name of the supervising teacher in your class: _____

If you do not have a practicum site in mind, in what geographical locations could you work?

Has your physical or emotional health ever interfered with the normal progress of your studies or employment? _____

Have you ever been convicted or pleaded nolo contendere for any violation of law other than minor traffic offenses? _____

If yes, what charge	Dispensation	Date	Place
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Is there anything you would like us to know about your learning style that would better enable us to assist you during the course? _____

Do you speak more than one language, which one(s)? _____

The information supplied by me on this application form is true and correct to the best of my knowledge. _____

Signature

Date

Checklist of items needed for application:

____ Official copies of college transcripts from the college mailed to the Montessori Institute of Advanced Studies. Foreign students need to have their transcripts evaluated by an agency affiliated with the National Association of Credential Evaluation Services (naces.org)

____ 3 letters of recommendation from employers or teachers (to be sent directly to the Montessori Institute of Advanced Studies).

____ Applicant's personal statement discussing interest in Montessori training and career expectations.

____ A current photograph.

____ Tuition is due in full when accepted in the program.

____ Emergency Form

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Questionnaire

Please answer the following questions, as fully as possible. Attach additional pages if necessary. Answers are accepted hand written or typed.

1. Why do you want to take this Montessori Teacher Training Course?
2. How and when did you hear about the Montessori Method of Education?
3. What special qualifications (attributes, etc) would you bring to the field?
4. How do you intend to use your training?
5. Where and when did you observe a Montessori Classroom? What was your impression?
6. Have you seen another type of pre-school when class was in session? What was your impression?
7. Have you read any of Dr. Montessori's books? Explain.
8. Have you had previous experience working with children? Explain.
9. Do you have reliable transportation?

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The Montessori Early Childhood Teacher Credentialing Program directs a one or two year course, offering an opportunity to verify and develop the gifts that reside inside each of us for helping children in their self-learning. We prepare Montessori teachers with a deep grounding in the Montessori Philosophy. We develop individuals who have a broad approach in the contemporary context of child development and educational thought. We create teachers as “scientific pedagogues” who see the classroom as a dynamic system that “follows the child” in the pursuit of intellectual and moral and social needs.

The curriculum includes lectures on the philosophy, psychology, principles and practices of Dr. Montessori. There are supervised demonstrations and practical sessions with the Montessori apparatus, observations and practice teaching as part of the training. Lectures include early childhood development, and the relationship between Montessori education and current childhood educational and social theory.

Teaching credentials are given upon completion of all requirements.

Required Reading:

The Montessori Method, Dr. Maria Montessori

The Secret of Childhood, Dr. Maria Montessori

Discovery of the Child, Dr. Maria Montessori

The Absorbent Mind, Dr. Maria Montessori

The Advanced Montessori Method, Dr. Maria Montessori

Montessori: A Modern Approach, Dr. Paula Polk Lillard

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Student Emergency Form

Personal Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone:

Alternate Phone:

Email

Birth Date:

Marital Status:

Spouse's Name:

Spouse's Employer:

Spouse's Phone:

Medical Information

Doctor's Name:

Doctor's Phone:

Blood Type:

Allergies:

Medical Condition:

Current

Medications:

Additional
Information:

Emergency Contact Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Primary Phone:

Alternate #:

Relationship:

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Name: _____

Student Checklist

_____ Application for Admission

_____ College or High School Transcripts and any State Certification. **Foreign students need to have their transcripts evaluated by an organization affiliated with National Association of Credential Evaluation Services (naces.org)**

_____ One personal and two professional references, to be forwarded directly to the Training Center by authors.

_____ A written paragraph about your introduction to Montessori, and why you want to take the training, what you plan to do with your training, and how you heard about the Montessori Institute of Advanced Studies.

_____ Enrollment Agreement, located in student handbook (on-site)

_____ Tuition payment

_____ A current Tuberculosis Report (submitted when you start practicum)

_____ Live scan proof of fingerprinting (submitted when you start practicum)

_____ First aid and CPR training submitted when you start practicum)