



MONTESSORI INSTITUTE OF AMERICA

PRACTICUM SITE LIST

For use with TEP Certification Form

Application Must Be Typed or Clearly Printed in English.

Date (month/dd/yy)		Mark page numbers: Page _____ of _____	
Name of TEP:		Course Level (use 1 form for <u>each</u> course level)	
Name of the Host School:			
City and State/Country		Name of Owner/Director	
Is this Host School submitting a PS Certification & Website Presence Request form?			
Room Designation	Age Level	Adult Learner / Supervising Teacher Ratio	Name of Supervising Teacher (If room is designated as "self-directed", list the name of TEP Program Director who will be overseeing this room/level)
Name of the Host School			
City and State/Country		Name of Owner/Director	
Is this Host School submitting a PS Certification & Website Presence form?			
Room Designation	Age Level	Adult Learner / Supervising Teacher Ratio	Name of Supervising Teacher (If room is designated as "self-directed", list the name of TEP Program Director who will be overseeing this room/level)
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Room Designation	Age Level	Adult Learner / Supervising Teacher Ratio	Name of Supervising Teacher (If room is designated as "self-directed", list the name of TEP Program Director who will be overseeing this room/level)

***Add additional pages of practicum sites as needed. Mark page numbers.**