

# FORM D: Practicum Site Information

Name of Childhood Education Specialist Program: A.D.M.T.E.I

Specialization of program: Early Childhood

## A. IDENTIFICATION OF SITE

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Licensed by: *(list date of expiration and licensing agency, e.g., city, county, state, department)*

Accreditation (agency, status, date) \_\_\_\_\_

Affiliations:

AMS Membership/ID Number: \_\_\_\_\_

AMI Membership/ID Number: \_\_\_\_\_

OTHER \_\_\_\_\_ Membership/ID Number: \_\_\_\_\_

Organization:

Public (Name of district/agency) \_\_\_\_\_

Private:  Nonprofit Corporation : Name \_\_\_\_\_

Proprietary : Owner's Name \_\_\_\_\_

## B. PERSONNEL

Name, title of chief officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name, title of administrative head: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Enter Number of: Full-time / Part-time / Total for each line.**

Directing Teachers: \_\_\_\_\_

Assisting Teachers/Aides: \_\_\_\_\_

Supportive Personnel : \_\_\_\_\_

## C. DESCRIPTION OF SERVICE

Number of classrooms in your facility \_\_\_\_\_ License capacity \_\_\_\_\_

### PROGRAM LEVEL

**Enter Number of Classes / Number of Children for each applicable program**

Infant (*Birth-18 Mo.*) Classes: \_\_\_\_\_ Children: \_\_\_\_\_

Toddler (*18 Mo.-3 Yrs.*) Classes: \_\_\_\_\_ Children: \_\_\_\_\_

Preprimary (*3-6 Yrs.*) Classes: \_\_\_\_\_ Children: \_\_\_\_\_

1<sup>st</sup> Level Elementary (*6-9 Yrs.*) Classes: \_\_\_\_\_ Children: \_\_\_\_\_

2<sup>nd</sup> Level Elementary (*9-12 Yrs.*) Classes: \_\_\_\_\_ Children: \_\_\_\_\_

Other \_\_\_\_\_ Classes: \_\_\_\_\_ Children: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Signature

Title

Date