



• Adrian Dominican Montessori Teacher Education Institute •

Adult Learner Practicum Site Information and Agreement

(This form must be completed by all supervising teachers)

Adult Learner's Name: _____

School Name: _____

School Address: _____

Administrator: _____

School Phone: (____) _____ Email: _____

Schools Affiliation: AMS AMI Other _____

Name of Supervising Teacher: _____

Supervisor's Montessori Diploma: AMS AMI Other _____

Supervisor's Training Program: _____ Year Completed _____

Number of years teaching as a Head Teacher: _____

Supervising Teacher's Home Address: _____

Email: _____

Phone: (____) _____

By signing below you are indicating that you are able to comply with the policies outlined in the enclosed "Adult Learner Practicum Guidelines" and that you are willing to accept the responsibilities involved in supervising an adult learner from ADMTEI. If you have any questions regarding this agreement or the "Adult Learner Practicum Guidelines" please contact the ADMTEI Office. Thank You.

Signature of Supervising Teacher

Date