

AMS HEAD OF SCHOOL REQUIREMENTS VERIFICATION

The following form is to be completed by all accredited school heads to affirm compliance with Standard 5.1 emerging criterion effective July 1, 2020 which states, *Administrative leader (head of school/ principal/ executive director) holds a bachelor's degree* **and** *qualifies with the minimum number of points required in the Head of School Requirements Verification, or has an approved portfolio variance.*

| Directions: Complete sections I, II, and III to determine if the required 20 po | | | |
|--|--------------------|-----------------|----------|
| need to complete the variance (Sections IV-VIII). Submit completed and sig | ned form by accad | ming to your a | MNuai |
| report or send to accreditation@amshq.org . | | | |
| Name of School | | | |
| Name of Administrative Leader | | AMS Member ID | |
| | | | |
| College/University Degree (must be from a regionally accredited Institut | tion) | | |
| Bachelor's Degree or Higher (Required by Standard 5.1) from a regionally | | | |
| accredited college/university in the U.S. or a degree that is deemed to be equivalent | | Required | |
| *All existing administrative leaders not holding a bachelor's degree (as of July 1, 2 their current school in their current position in perpetuity provided they meet the prevention or portfolio variance form. | | | loyed at |
| I. Montessori Credential | | | |
| | -: Teacher | | |
| A Montessori Administrator Credential from an AMS affiliated Montessori Teacher Education Institution/Program. | | 10 points | |
| A Montessori Teacher Credential earned since 1991 from an AMS, NCME, AMI or MACTE accredited course. | | 10 points | |
| A Montessori Teacher Credential earned pre-1991 from a <u>non-distance</u> le Montessori teacher education program. | earning | 10 points | |
| , , | | | |
| II. Years of Experience as an administrative leader, assistant head director/curriculum coordinator, or teacher in a Montessori sch | | ıcation | |
| 5 or more years | | 10 points | |
| TOTAL POINTS (20 minimum points | raquired): | | |
| TOTAL POINTS (<u>20 minimum points</u> | requireu). | | |
| If points equal 20 or more, Sections III-VII do not need to be completed. If points do not yet equal 20, complete portfolio variance sections. | | | |
| I verify that the above information presented in this document is true and | correct to the bes | st of my knowle | edge. |
| Applicant Signature | Date (mm/dd/yyyy) | | |

AMS Head of School Requirement Verification - Portfolio Variance

Complete this variance addendum only if 20 points were not met in Sections I-II.

| III. Montessori Training | | | | | |
|---|---|--|--|--|--|
| Attended a Montessori orientation or philosophy course provided through a MACTE accredited TEP | 5 points | | | | |
| Montessori credential from a TEP other than AMS, AMI, NCME, or MACTE (including distance learning) | 5 points | | | | |
| | | | | | |
| IV. Montessori Classroom Experience | | | | | |
| Years of full-time experience as an assistant in a Montessori classroom under a credentialed Montessori Teacher (1 point per year) | 1-10 points | | | | |
| | | | | | |
| V. Years of experience in an accredited Montessori school | | | | | |
| Years of full-time employment in an AMS Accredited Montessori school (1 point per year) | 1-10 points | | | | |
| | | | | | |
| VI. Additional Montessori Credentials | | | | | |
| Additional Montessori Credentials beyond that noted in Section II. Above (5 points for each level) | 5-15 points | | | | |
| | | | | | |
| VII. Other Education Qualifications | | | | | |
| Years of Experience as an administrative leader, teacher, assistant head of school or education director/curriculum coordinator in a non-Montessori school (1 point per year) | 1-5 points | | | | |
| State teaching and/or administrator license | 5 points | | | | |
| Graduate Degree in education | 5 points | | | | |
| | | | | | |
| Points Sections I-II: | | | | | |
| Points Section III-VII: | | | | | |
| TOTAL POINTS (20 minimum points required): | | | | | |
| I verify that the above information presented in this document is true and correct to the best of my knowledge. Applicant Signature Date (mm/dd/yyyy) | | | | | |
| 7 - Friedric Signature | , | | | | |
| FOR AMS OFFICE USE ONLY | | | | | |
| Date Approved: | | | | | |
| Reviewed & Approved by: | | | | | |
| Notes: | | | | | |
| | | | | | |