

Montessori Schools of Maryland

11810 Parklawn Drive, Suite 260

Rockville, MD 20852

Dear Member of the Montessori Community in Maryland,

On behalf of Montessori Schools of Maryland (MSM), I am pleased that you have chosen to participate in our Validating process. MSM is a nonprofit, all volunteer organization dedicated to furthering the educational objectives, methods and philosophy of Dr. Maria Montessori in the State of Maryland.

Included with this letter, please find the following:

1. An explanation of the Validation process;
2. The Initial Application for Validation

Please return the completed Initial Application for Validation along with the Application Fee of \$100.00 to:

MSM

11810 Parklawn Drive

Suite 260

Rockville, MD 20852

Thank you,

Josh Oboler

MSM Committee Chair



Montessori Schools of Maryland

11810 Parklawn Drive, Suite 260

Rockville, MD 20852

VALIDATION PROCESS

1. Please complete and return the Initial Application for Validation along with a \$100.00 Application Fee to:

MSM

11810 Parklawn Drive

Suite 260

Rockville, MD 20852

2. Upon receipt of the completed Initial Application for Validation and the Application Fee, MSM will send you the Self Study Form to be completed by your school.
3. When the completed Self Study Form and all supporting documents is received by MSM, it will be reviewed and comments, if any, will be forwarded to you.
4. Once that process has been completed, MSM will schedule a Site Visit. The purpose of the Site Visit is to verify the information submitted in the Self Study Form.
5. Upon the completion of the Site Visit, the Validating Committee will review the documentation, approve all qualifying schools for validation on a rolling basis and issue a MSM Certificate of Validation.
6. The Certificate of Validation is active for four years from the date of issuance. At least six months prior to the expiration date of the Certificate, the school must apply to MSM for renewal. This renewal will require the school to update its Self Study to reflect any changes since the issuance of the expiring Certificate of Validation.
7. Additional Site Visits will not take place unless there is a specific reason to do so, such as a serious concern raised by parents or staff or the addition of a new program that needs to be validated.



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Initial Application for Validation

School Name _____ Year Founded: _____

Complete School Mailing Address _____

Physical Site (if different from above) _____

School Telephone _____ School Fax _____

Contact E-mail Address _____

School Web Address _____

Type of School (Check all that apply):

Independent Public Charter Head Start Non-profit Proprietary

Head of School or designee

Name: Mr. Mrs. Ms. Dr. Sr. _____

E-mail Address (not for publication): _____

Montessori Classroom Information

Number of Infant/ Toddler Classrooms _____ Number of Early Childhood Classrooms _____

Number of Elementary I (6-9) Classrooms _____ Number of Elementary II (9-12) Classrooms _____

Number of Secondary I (12-14) Classrooms _____ Number of Secondary II (15-18) Classrooms _____

Total Number of Classrooms _____ Total Number of Students Enrolled _____

Other Montessori Affiliations or Accreditations:

Name of organization (i.e.. AMS, AMI, IMC, etc..) _____

Type of affiliation and/ or recognition _____

Valid through ____/____/____

Completed by _____ (Please Print)

Position _____

Signature _____ Date _____

