***If 105 points are not met on the Head of School Requirements Verification, please complete this Portfolio Variance Application Form for evaluation by AMS staff.***

ADMINSTRATIVE LEADER PORTFOLIO VARIANCE APPLICATION FORM

*(applicable to at least one of the school’s administrative leaders, e.g. head of school/principal/executive director)*

|  |
| --- |
| Name of School |
|  |
| Name of Administrative Leader | AMS Member ID |
|  |  |

|  |  |
| --- | --- |
| Any names previously used: |       |
|       |

**[ ]** This portfolio documentation is being submitted for an administrative leader not meeting the minimum number of points required for full school membership on the Administrative Leader Requirements Verification.

**[ ]** A copy of the applicant’s resume (and any additional supporting evidence) is attached.

*I verify that the above information presented in this application is true and correct to the best of my knowledge.*

|  |  |
| --- | --- |
| **Applicant signature** | **Date (mm/dd/yyyy)** |
|  |  |

|  |
| --- |
| **FOR AMS OFFICE USE ONLY** |
| **Date Approved:** |  |
| **Reviewed & Approved by:** |  |
| **Notes:** |  |
|  |  |
|  |  |

ADMINSTRATIVE LEADER

PORTFOLIO VARIANCE APPLICATION FORM

|  |  |
| --- | --- |
| Name of Administrative Leader | AMS Member ID |
|  |  |

**FORMAL EDUCATION** – Include copy of transcript(s)

|  |  |
| --- | --- |
| **DEGREE** | **MAJOR/INSTITUTION** |
|  |  |
|  |  |
|  |  |

**COURSE(S) TAKEN IN ADDITION TO DEGREES OR LEADING TO DEGREE** – Include copy of transcript(s)

|  |  |
| --- | --- |
| **COURSE TITLE** | **COLLEGE / UNIVERSITY** |
|  |  |
|  |  |
|  |  |

**STATE PRINCIPAL, DIRECTOR, AND/OR TEACHING CERTIFICATION (S)** – Include a copy for each

|  |  |  |
| --- | --- | --- |
| **Age/Grade Level (if applicable)** | **State from which certification was issued** | **Date issued and date expires** |
|       |       |       |
|       |       |       |

**CREDENTIALS/CERTIFICATES** – Include a copy for each

Check any Montessori credentials held and list Teacher Education Program Name & Affiliation (**AMS,** **NCME, AMI, ST. NICHOLAS, PAMS, IAPM, MIA, MEPI, INDEPENDENT, or Other**)

|  |  |  |  |
| --- | --- | --- | --- |
| **“**🗸**” ALL THAT APPLY** | **CREDENTIAL** | **TEACHER EDUCATION PROGRAM (TEP)** | **AFFILIATION OF TEP** |
|       | Infant & Toddler (birth – 3 years) |       |       |
|       | Early Childhood (2.5 – 6 years) |       |       |
|       | Elementary I (6-9 years) |       |       |
|       | Elementary I-II (6-12 years) |       |       |
|       | Elementary II (9-12 years) |       |       |
|       | Secondary I (12-15 years) |       |       |
|       | Secondary I-II (12-18 years) |       |       |
|       | Administrator |       |       |
|       | Other |       |       |
|  | Specify Other:       |

ADMINSTRATIVE LEADER

PORTFOLIO VARIANCE APPLICATION FORM (continued)

|  |  |
| --- | --- |
| Name of Administrative Leader | AMS Member ID |
|  |  |

**ARE YOU CURRENTLY A PROGRAM DIRECTOR OR INSTRUCTOR FOR AN AMS-AFFILIATED TEACHER EDUCATION PROGRAM?**

**[ ]  YES**

**If yes, name of teacher education program:**

**City/state:**

**[ ]  NO**

**PRIOR WORK EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL NAME OR ORGANIZATION** | **ADDRESS** | **ROLE AT SCHOOL/ ORGANIZATION** | **DATES OF EMPLOYMENT** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PROFESSIONAL AFFILIATIONS/MEMBERSHIPS**

|  |
| --- |
|  |
|  |
|  |

**PROFESSIONAL ACTIVITIES** (List of publications, presentations, awards, and honors)

|  |
| --- |
|  |
|  |
|  |

**PROFESSIONAL DEVELOPMENT** (workshops and conferences attended within last 3 years)

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE** | **SPONSORING ORGANIZATION** | **DATE**  | **HOURS**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Attach additional sheets if necessary.*