



Internship Evaluation

to be completed by Intern

*This form may be submitted directly to the MEPI office by the Intern if desired.

Submit to: MontessoriEPI@gmail.com

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Intern's Name _____

Internship Site Name _____

Address of Site: _____
Street City State Zip

1. Environment:

a. Was the environment:

- Yes No properly prepared?
- Yes No utilized by children?
- Yes No utilized by teachers?
- Yes No attractive?
- Yes No clean?
- Yes No equipped with complete didactic materials in five areas?
- Yes No appropriate in size and convenience for children?

b. Was the Montessori equipment:

- Yes No used properly and frequently?
- Yes No used frequently for advanced math and language work?

Remarks _____

Name of Supervising Director: _____

c. Was the Director:

- Yes No well trained?
- Yes No experienced?
- Yes No professional?
- Yes No helpful?
- Yes No considerate?
- Yes No quiet in voice and manner?

Yes No a link between the environment and child?

Yes No available daily?

Remarks _____

2. Overall Questions.

Yes No Were Montessori theories regarding multi-age groups, independent work, and consistency of attendance practiced?

Yes No Was a five day per week program available and encouraged?

Yes No Did children work on tasks of their own choosing, at their own pace, without interruptions from other children and adults?

Yes No Was the general atmosphere pleasant?

_____ What ages were enrolled in your classroom?

3. Please share any other thoughts about your Internship experience of which you feel MEPI should be aware.

Print Name _____ Date _____

Signature _____