

Survey for FORMER Students of
Institute for Guided Studies
Holding MEPI credentials

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Program Level : IT EC EL I EL I-II AD

Program / Training Location: _____

Program Director: _____

Please complete the questions listed below and return to the Institute for Guided Studies, 12-A Montessori Way, Camden, SC 29020 or e-mail to **igscamden@bellsouth.net**

You may add comments below the questions or on the back of the form.

How long have you been a certified Montessori Classroom Director? _____

Have you worked continuously in Montessori environments? _____

Circle one: Public Private Both

Did the program effectively prepare you for work in the Montessori environment? _____

As a certified Montessori teacher, with _____ years of experience, I can look back at my Montessori educational experiences and say with confidence my training experiences prepared me for _____

What were the weaknesses of your course?

How would you like to see the course changed or improved?

Were the training faculty supportive in your studies?

Additional comments:

