

Who can be Certified In DementiAbility Methods: The Montessori Way™?

Please read the following pages carefully to ensure you have completed all requirements before attending a certification session. You must have completed a 2- day workshop on DementiAbility Methods: The Montessori Way™ within the last 2 years. If you took the workshop more than 2 years ago please contact: Gail Elliot at gail.elliott@dementiability.com to discuss eligibility.

How do I know I am ready to become Certified in DM?

If you **can check each point off in the list below** you are ready to register for a DementiAbility Methods: The Montessori Way™ Certification session.

1. I have taken the 2-day workshop on DementiAbility Methods: The Montessori Way™ within the last two years.
 - a. I have successfully assessed/learned about the client (Who) (I may have filled in an “All About Me” form, filled in the Needs form and filled in the Interests and abilities forms.
 - b. I have made important observations (O), and recorded in the Personal profile form.
 - c. I have created programming based on what I know and see.
 - d. I have recorded outcomes – evaluated what I have done – and, using the principles, adjusted the level of program to connect to needs, interests, skills and abilities.
2. I have downloaded the template for DementiAbility Methods: The Montessori Way™ Certification from the DementiAbility website at www.dementiability.com and filled in all the forms provided.
3. I have worked with 3 people with dementia/cognitive loss as per the following:
 - a. I completed the Vision and Reading Screen for each person that is literate.

- b. I filled in a Participant Profile for each person.
- c. I filled in an All About Me form for each person.

- d. I summarized my findings in a WOW form (thus providing a summary of observations and plans to share with colleagues).

- e. I worked with each person for a minimum of 10 sessions each.

- i. I made sure I considered the 3 D's (dementia, depression and delirium) and addressed issues or reported issues.
- ii. **NOTE:** The focus of each intervention is on meeting needs of the client/resident according interests, skills and abilities, using the Montessori Principles. The purpose of Certification is to clearly demonstrate you know how to use these Methods. Therefore, PLEASE be creative when creating programming.

PLEASE **DO NOT SELECT watching television or listening to the radio or going for a walk** – unless you have created a template or something creative to go with this. Anyone can sit a person in front of a television or radio or go for a walk. Do any of these things if they meet needs but they are not to be included in the Certification report as one of your activities. Mention them in your report, but they don't count as one interventions. You need to think harder than this. It doesn't mean this can't go into the schedule – but if you put it into the log, add another session. Also, if you decide to put someone into a large music program, or other large program, you need to tell me how this connects to the principles.

f. I have created a schedule/agenda for each person (and copied sample schedules to include in my report). If the person is late stage I may not have developed roles or a schedule for this client (for a variety of reasons) but I have created routines for staff to share with this person so they know there is something to look forward to.

g. I incorporated roles and routines into the agenda. I KNOW WHAT A ROLE IS!

a. A role is a task – a job – that one would take on in any given day. For example:

- Greet people at meals
- Asks people to take a square of hand sanitizer ○ Carpet sweep floors

- Wipe tables
- Set tables
- Make their bed

- Read to someone
- Give someone a hand massage
- Fold towels or other laundry items
- Clear tables
- Set up activities
- Clean up activities
- Say good night to other residents
- Read a good night prayer to another resident

ii. I have incorporated roles into the agenda/schedule so the client/resident has some routines that are filled with meaning and purpose.

4. If I created any task breakdown cues for my client(s) I have copied the sample and added it to my report.

5. I filled out all the paper work in the Record Keeping Log after each session.

6. At the end of each case I have prepared a summary of lessons learned.

7. I have prepared a 2 – 3 page report that provides an overall summary of my experiences.

8. I have led 3 separate small reading groups with 2-6 people (titles from the Carry on Reading Series are recommended as they follow the Montessori Principles).

All reports are confidential. To ensure anonymity please use initials of the person's name rather than full name.

If you have completed all of the above you are ready to register for a Certification session (check the DementiAbility website for dates and locations. If you are ready to sign up but no session is available let us know by emailing us at leighann@dementiability.com and we will set one up.

The Certification Session

1. **A Half-Day Session:**
The Certification session is typically half a day.
2. **If you are unable to attend a Certification Session in person we can make arrangements for you to Skype.**

AGENDA:

1. Quiz

a. Be prepared to write a quiz. The quiz is based on all the material presented in the workshop.

Reading the Montessori Methods for Dementia™:

Focusing on the Person and the Prepared

Environment book written by Gail Elliot (2012) will help you with details you may have forgotten since attending the workshop. If you are interested in ordering this book visit our website to order on-line or call us to order by phone (905-842 -2382).

2. Demonstration of Cases

a. Each person will be given about 5 minutes to present a case. We normally have each person present one case then we go around the room and each person presents a second case, until all three cases have been presented by everyone. It is important to bring samples of things you created (if possible). We want to see what you created and ask that you be prepared to share your successes with others. This is always a rich learning experience.

b. In addition to the three cases you will present, you will also be given one minute to share your observations about the reading group.

3. Discussion and questions

4. Hand in reports – make sure your full name, address, phone number and email address is on each case.

2. Your Final Report:

Your final report must be handed in at the Certification session. It will be returned

to you after it has been marked. Please be sure to put your mailing address on the front page of each case. Ask yourself whether you want it sent to your work address or home address and provide the details accordingly (in full).

3. Your Results:

Your final results will be communicated to you after everything has been graded.

Certification results are based on a “Successful” or “Re-do” grading system. If you do not meet the standards for Certification you will be asked to read through the comments on your report and re-submit.



DementiaBility Methods : The Montessori Way™

A Focus on the Person & the Prepared Environment

Certification Report

Completed by:
My Position/Job Title:
Date:
Email Address: Mailing Address:

NOTE: If you can't include games, please try to take a photo so I know what you are talking about in your report.

At least one sample of an agenda must be included in your report.

For More Information Contact
Gail Elliot, BAsC, MA
Gerontologist and Dementia Specialist
DementiaBility Enterprises Inc.
gail.elliott@dementiaBility.com

Case # _____

(Please use this format for the beginning of each case)

Client Name (this does not have to be the person's real name)		
Type and Stage of Dementia		
Where did you implement your programming (e.g. – in the person's home, in a Day Program, in a nursing home or somewhere else?)		
Any other details that would be important for the evaluator to know.		

I am fine.

How are you?

What a nice day.

Tried and true.

Live, laugh and learn.

Smile and the world smiles with you.

Sight and Reading Ability Assessment

Client Name: _____ Phone Number: _____

Address/Room Number: _____

INSTRUCTIONS:

First of all, you should try to find out the following before you begin.

- Could this person read prior to being diagnosed with dementia?
 - Yes
 - No

- What language(s) did he/she read?
 - English
 - French
 - Other _____

- Does he/she need glasses: () No () Yes
 - For distance
 - For reading

- Are his/her glasses clean? If not, please clean them before you begin.

Ask this person if he/she **would** help you to determine the best size of print needed for people to see. Point to one sentence at a time, starting at the top of the page, with the largest size font. Use only the sheet with the six statements. Record your findings after you have completed the assessment.

Size of Font	Check if he/she read full sentence	If he/she didn't read full sentence, circle which words were seen.
72 point	I am fine.	I am fine.
48 point	How are you?	How are you?
36 point	What a nice day.	What a nice day.
24 point	Tried and true.	Tried and true.
16 point	Live, laugh and learn.	Live, laugh and learn.
12 point	Smile and the world smiles with you.	Smile and the world smiles with you.

() Could not read the sentences.

Form completed by: _____ Date: _____

If this is a re-test:

Form completed by: _____ Date: _____

Program Participant Profile
A Focus on Knowing the Person Behind the Dementia

Date: _____ Form Completed by: _____

Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Where has she/he lived & for approximately how long?

--

Marital Status: () Married () Widowed () Divorced () Single

Name(s) of Partner(s): _____

Employment/Volunteer History:

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Languages spoken:

() English () French () Spanish () Other:

Children/Grandchildren (If you need more space attach a separate page.)

Name	Age	Where do they live?	Details about their relationship. (Do they visit or phone? How often, when, etc.)

Important Friends:

Identify important friends that continue to be involved in this person’s life. If there are friends this person likes to remember and talk about include that information too.

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Health Status:

Cognitive	Physical																																																																																					
<p><input type="checkbox"/> Dementia</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alzheimer’s <input type="checkbox"/> Vascular <input type="checkbox"/> Frontal Lobe <input type="checkbox"/> Lewy Body <input type="checkbox"/> Other: <p><input type="checkbox"/> Stage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Advanced <p>Orientation to time, place & person:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully oriented <input type="checkbox"/> Oriented in familiar surroundings <input type="checkbox"/> Needs some orienting <input type="checkbox"/> Needs orienting information most or all of the time <p>Are there any situations that create heightened levels of anxiety? If yes, elaborate.</p> <p><input type="checkbox"/> Memory Cueing recommended</p> <p>Including:</p> <ul style="list-style-type: none"> () Wayfinding (e.g. – arrows) () Daily agenda () Activities that support memory loss () Tasks need to be broken down – simplified () Sequencing required (e.g. – clothes laid out in order that they are to be used.) <p>Other:</p>	<p>Abilities:</p> <p>Note: Check off the appropriate column Not applicable Independently With Assistance Total Assistance Required</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%;">NA</th> <th style="width: 10%;">Indept</th> <th style="width: 5%;">W assist</th> <th style="width: 10%;">Total assist</th> </tr> </thead> <tbody> <tr><td>Uses a Walker</td><td></td><td></td><td></td><td></td></tr> <tr><td>Walking: () needs cane</td><td></td><td></td><td></td><td></td></tr> <tr><td>Gets into Wheelchair</td><td></td><td></td><td></td><td></td></tr> <tr><td>Toileting</td><td></td><td></td><td></td><td></td></tr> <tr><td>Needs help eating</td><td></td><td></td><td></td><td></td></tr> <tr><td>Dressing</td><td></td><td></td><td></td><td></td></tr> <tr><td>Bathing</td><td></td><td></td><td></td><td></td></tr> <tr><td>Grooming: Hair</td><td></td><td></td><td></td><td></td></tr> <tr><td>Grooming: Face & hands/nails</td><td></td><td></td><td></td><td></td></tr> <tr><td>Transfers (to chair or bed)</td><td></td><td></td><td></td><td></td></tr> <tr><td>Brushing Teeth</td><td></td><td></td><td></td><td></td></tr> <tr><td>General neatness/hygiene</td><td></td><td></td><td></td><td></td></tr> <tr><td>Knows what to do with objects</td><td></td><td></td><td></td><td></td></tr> <tr><td>Can handle own finances</td><td></td><td></td><td></td><td></td></tr> <tr><td>Uses a phone</td><td></td><td></td><td></td><td></td></tr> <tr><td>Uses a computer</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Other/Comments:</p> <p>Does this person like to be helped?</p>		NA	Indept	W assist	Total assist	Uses a Walker					Walking: () needs cane					Gets into Wheelchair					Toileting					Needs help eating					Dressing					Bathing					Grooming: Hair					Grooming: Face & hands/nails					Transfers (to chair or bed)					Brushing Teeth					General neatness/hygiene					Knows what to do with objects					Can handle own finances					Uses a phone					Uses a computer				
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<input type="checkbox"/> Depression <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Significant Provide details about stage & treatment & impact on engagement in life and motivation to be involved in activities.	Arthritis Identify limitations & describe what needs to be done to ensure that function is maintained <table border="1" data-bbox="787 430 1307 583"> <thead> <tr> <th>Ability re:</th> <th>Excellent</th> <th>Moderate</th> <th>Poor</th> </tr> </thead> <tbody> <tr> <td>Reaching</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Grasping</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manipulating Objects</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Ability re:	Excellent	Moderate	Poor	Reaching				Grasping				Manipulating Objects			
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Delirium A sudden change in status has been checked to ensure a delirium has been treated. Follow up:	What hand is used? <input type="checkbox"/> Right hand <input type="checkbox"/> Left hand																
Pain <input type="checkbox"/> Often in pain. Where? <input type="checkbox"/> Sometimes in pain. <input type="checkbox"/> Seldom shows signs of being in pain. Note: Always observe to make sure that pain is being treated. Pain may be contributing to behaviour – make sure it is reported.	Vision & Hearing <input type="checkbox"/> Sight & Reading Assessment completed: Date _____ <input type="checkbox"/> Needs glasses to read <input type="checkbox"/> Needs glasses always Size of font required: _____ <input type="checkbox"/> Needs hearing aid Date batteries last checked:																
Motivation: <input type="checkbox"/> Usually wants to be involved in activities <input type="checkbox"/> Sometimes interested <input type="checkbox"/> Sometimes interested but needs encouragement <input type="checkbox"/> Never interested in activities but will observe <input type="checkbox"/> Just wants to be left alone Comments:	Communication Skills: <input type="checkbox"/> Able to hold a conversation <input type="checkbox"/> Some ability to hold a conversation <input type="checkbox"/> Minimal ability to hold a conversation Enjoys talking about:																

Interests:

Identify the things that this person enjoys/ed.

Household tasks: <input type="checkbox"/> Cooking <input type="checkbox"/> Laundry <input type="checkbox"/> Cleaning <input type="checkbox"/> Shopping <input type="checkbox"/> Doing dishes <input type="checkbox"/> Decorating home <input type="checkbox"/> Home repairs <input type="checkbox"/> Other:	Social <input type="checkbox"/> Visiting family <input type="checkbox"/> Visiting friends <input type="checkbox"/> Planning social functions <input type="checkbox"/> Entertaining <input type="checkbox"/> Reminiscing: Are there any topics of preference/enjoys most?	Reading: What does/did he/she like to read?
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<p>Leisure Activities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Travel <input type="checkbox"/> Games <input type="checkbox"/> Sports <input type="checkbox"/> Crafts <input type="checkbox"/> Reading <input type="checkbox"/> Photography <input type="checkbox"/> Gardening <input type="checkbox"/> Genealogy <input type="checkbox"/> Watching movies (what kind?) 	<p>Games:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cards <input type="checkbox"/> Board games <input type="checkbox"/> Puzzles <input type="checkbox"/> Mahjong 	<p>Sports/exercise:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hockey <input type="checkbox"/> Football <input type="checkbox"/> Soccer <input type="checkbox"/> Volleyball <input type="checkbox"/> Curling <input type="checkbox"/> Croquet <input type="checkbox"/> Horseshoes <input type="checkbox"/> Shuffleboard <input type="checkbox"/> Golf/mini golf <input type="checkbox"/> Yoga <input type="checkbox"/> Walking <input type="checkbox"/> Jogging <input type="checkbox"/> Dancing <input type="checkbox"/> Other:
<p>Culture, Religion & Spirituality</p> <p>Does he/she like to participate in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A religious service? <input type="checkbox"/> Quiet prayer <input type="checkbox"/> Guided prayer <input type="checkbox"/> Singing hymns <input type="checkbox"/> Other: 	<p>Music:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Likes to listen to music <input type="checkbox"/> Likes to play music <p>What kind of music?</p> <p>Did he/she play an instrument?</p>	<p>Crafts:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Knitting <input type="checkbox"/> Sewing <input type="checkbox"/> Woodworking <input type="checkbox"/> Painting <input type="checkbox"/> Sculpting <input type="checkbox"/> Ceramics <input type="checkbox"/> Other:
<p>Pets</p> <p>Does he/she have a pet now?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did he/she have a family pet?</p> <p>Elaborate.</p>	<p>General interests not included elsewhere:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fashion <input type="checkbox"/> Giving back to the community <input type="checkbox"/> Volunteering <input type="checkbox"/> Helping family 	<p>Room Environment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Room feels like home <input type="checkbox"/> Room reflects former self <input type="checkbox"/> Phone is usable <input type="checkbox"/> TV available (if interested) <input type="checkbox"/> Radio (if interested) <input type="checkbox"/> Orienting info available <p>Modifications Required:</p>

Routines:

Routines are important in our lives. Identify routines & consider what can be done to add routine to this person's day. An important part of this is to ensure that the routine is communicated and understood by the client, with the objective of adding meaning to life.

Fears, losses, and tragic events. These can be important to know about. This information may need to be taken into consideration when selecting activities. The purpose is to be aware – but not necessarily to address these issues – unless you are qualified to do so.

Ask, "Is there anything you would like me to know?" or "Is there anything you would like me to know about you?" This is a very open-ended question. There may be something important that he/she wants to share with you have his/her life, health, work and/or family.

Needs: Describe this person's needs (including social (e.g. - loneliness); cognitive stimulation; sensory (to touch and feel); and practical life (having things to do). Are boredom and loneliness concerns and in need of being addressed?

Habits and Routines: How did this person spend his her time before the time he/she was diagnosed with dementia? Note details related to routines and habits.

Information collected from:

- Client/resident
- Family member(s) Please elaborate: _____
- Friends
- Work or volunteer colleagues
- Client files
- Other: _____

Form updated:


Date: _____ By: _____
Date: _____ By: _____
Date: _____ By: _____

Additional Notes:

Dementia Ability Methods: The Montessori Way

Roles (complete one form per person)

Name: _____

 Role	Roles this person held in the past	Identify what roles this person could acquire now.	Notes (Have they been put into an agenda?)
Put dishes in the dishwasher			
Fold laundry			
Make lunches			
Set the table			
Vacuum			
Polish silver			
Decide what to have for dinner			
Grocery shopping – picking things up from the store			
Make a bed			
Dust furniture			
Home repairs			
Sorting out drawers			
Make coffee			
Wash dishes			
Cut the lawn/shovel the snow			
Cook dinner			
Wash floors			
Clean the toilet			
Clean the sink			
Ironing			

Lead the meal and/or bedtime prayer			
Make lunch			
Tidy up the house			
Rake the leaves			
Put children to bed			
Other			

What roles would you consider selecting for this person? List some here.

<p style="text-align: center;">Needs</p> <p>How important are these to _____?</p>	<p style="text-align: center;">Not important</p>		<p style="text-align: center;">Very Important</p>	<p style="text-align: center;">Notes:</p> <p>Loneliness and Boredom are the greatest needs, but what other needs to also be addressed?</p>
<p>Basic physiological needs:</p>	1	2	3	
Go to the bathroom regularly				
Eat three meals a day				
To enjoy my food including that I can see it, recognize it, taste it				
I like to eat foods I like				
Fine dining				
A good night's rest				
The ability to engage in intimacy				
To be free from pain				
To enjoy good mental health				
To have opportunities to move my body daily including exercise, yoga, etc.				
<p>Safety & Security</p>				
I am safe & I don't put self or others at risk				
To feel safe where I live				
I am cared for by self and other				
To know who it is that I am interacting with daily				
Need to feel safe, secure and comfortable in a place that feels like home				
I have places to walk where I feel safe and won't get lost				
<p>Social:</p>				
To be able to communicate with others via phone, texting an/or email				
To be able to tell others how I feel - free to express myself				
To spend time with family				
To be able to enjoy time with friends				
To feel connected to others and to feel I belong				
<p>Occupation:</p>				
Work – having meaningful work				

Engaged in meaningful activity (including household chores)				
Helping others				
Love and Belonging:				
To feel like I belong in the place I call home				
To feel like I belong wherever I go				
I like to be alone				
To feel like I have others to love and that they love me				
Self-esteem:				
To feel good about what I do in the day: in work, volunteering/helping others, helping myself				
The ability to make my own decisions in what I wear and what I eat				
To be respected by others				
To solve problems				
Self-actualization:				
To engage in activities that stimulate my brain				
Engage in activities that help me to feel connected to others				
To practice my religion and spiritual beliefs				
To say prayers daily				
To do things for myself				
To be able to communicate with others in my language				
To be able to engage in creative arts and to feel good about my accomplishments				
To be able to read and learn regularly				

Identify the needs that should be addressed immediately:



Name:

Date:

Interests	Name: Date:		
	Past	Present	Notes
Gardening			
Playing cards			
Cooking			
Baking			
Animals			
Children			
Volunteering			
Helping others			
Listening to Music (what type?)			
Reading (what does he/she like to read?)			
Swimming			
Browsing the internet			
Yoga			
Crafts (Favourite types?)			
Dancing (Favourite types?)			
Wood working (what types of projects?)			
Nature (specify)			
Collecting (stamps, coins etc.)			
Watching Movies (what types?)			
Travelling (favourite destinations?)			
Fishing			
Knitting (basic/advanced?)			
Hockey (Playing or watching)			
Bowling			
Planning parties			
Attending parties			
Outer space/Astronomy			

Scrapbooking			
Nutrition and health			
Wine tasting			
Photography			
Playing an instrument (guitar, piano etc)			
Camping			
Riding a motorcycle			
Working out (specify)			
Golfing			
Fashion (hair and makeup)			
Shopping (for what?)			
Celebrity news			
Bingo			
Comedy (elaborate)			
Going to the cottage			
Going to the theatre			
Acting in a play			
Hiking			
Puzzles			
Painting (what types?)			
Creative arts (elaborate)			
Writing (what does he/she like to write about?)			
Bird watching			
Learning new things			
Keeping my brain active			
Talking on the phone			
Doing email			
Surfing on the computer			
Using a tablet/i-pad/etc.			
Sending text messages			
Trivia			
Singing			

Other:

Top 5 – 10 Interests: (list or circle or rate 1 – 5 or 1 – 10)

Montessori Programming Form

Connecting Observations to Goals and Interventions

Client Name: Date: Form Completed by:			
Abilities: Identify spared abilities (body, mind and social/spiritual)			
Top 5 – 10 interests		Needs (What are this person's greatest needs? Consider: safety, cueing, task breakdown, something to do, purpose, helping others, social connection)	
Area of Observation	Strength/Skills/Abilities	Goals Steps to meet goals	Activities, Roles, Routines and Cueing (Based on needs, interests, skills and abilities.)
BODY (including Practical Life - Activities of Daily Living, fine & gross motor movement, need for touch)	Observations: Strength/Skills/Abilities	Goal(s) Steps to meet goal(s)	Activities (including ADLs): Roles & Routines: Cueing:

Social (Culture, spirituality & social connections)	Observations: Strength/Skills/Abilities Interests:	Goal(s) Steps to meet goal(s)	Activities: Social Connection: Roles & routines: Cueing:
Cognitive	Observations: Strength/Skills/Abilities Interests:	Goal(s) Steps to meet goal(s)	Activities: Role & routines: Cueing:

Notes: Describe the roles you created. Then discuss how they were made into routines. Provide at least one example of an agenda that you created for each resident and if you did not use an agenda explain why. Did you teach other staff to support the use of an agenda?

Summarize each case using the WOW Model below. Develop intervention plans based on the information collected.

WOW Programming Chart

One staff person completes the Who and Observations columns for one resident. As a team – you meet to decide what to do.

W – Who What do you know about this person?	O Observations	W What will/did you do?
Date: Name: Location: Contact:	What is happening? What do you see? Why is this happening? When is this happening? When is this not happening? What needs are unmet (boredom? Loneliness? Pain? Lost?)	What are you going to do? - Cueing (wayfinding, finding things) - Agenda - Roles - Routines (in an agenda) - Support for ADL's (cueing) - Leisure activities (things to do) - Social connections

Discuss how you shared your cases with other staff.

Include examples you created for task breakdown, how you implemented the cues and how you helped the person use the cues.

Include examples of cueing and wayfinding that you used when you were doing your certification.

DementiaAbility Methods: The Montessori Way Principles

Discuss how you used each of the following principles when creating and implementing programming for this person.

- Consider the person's *needs, interests, skills and abilities*.
- *Independence is fostered, including environmental/memory supports & the creation of roles and implementation of routines.*
- *Freedom of choice* – including asking, “Would you . . .?” when extending an invitation.
- *Environment is adapted.* Materials, templates & manipulatives are easily *recognizable and visible*, with no unnecessary markings.
- Materials are *familiar to the individual and aesthetically pleasing*.
- *Activities are always demonstrated, one component at a time to ensure successful outcomes.* Tasks are broken down as needed.
- The environment allows learning to progress in a *sequence*.
- Activities are created in a manner that allows them to progress from *simple* (but never “babyish”) to *more complex AND* from *concrete to abstract* and, *vice versa*, as needed, according to needs, interests and level of ability.
- Take advantage of spared capacity by placing emphasis on *procedural memory* and *environmental cueing* (to support declarative memory).

- Introduce activities, roles & routines that are ***meaningful to the client***.
- ***Activities contain a control of error***, are self-correcting and free of unimportant detail.
- Sit on the person's ***dominant side & prepare table and room for no distractions***.
- ***Interactions end with, "Thank you."***

You are required to implement at least 4 reading group sessions. Provide an overview of what you did and describe your successes and lessons learned.

This form may provide ideas for you when you are deciding what to do. It is not required but is here for those who find it useful.

Client Name: _____ Form Completed by: _____
 Date: _____

A. Identify skills, abilities and interest by ranking or checking the appropriate boxes.

B. Decide what areas you want to focus on. Either check the boxes or number according to priority (e.g. 1 would be most important, 2 next important, etc.)

Activities of Daily Living			Sensorial			Cognitive			Culture & Social Connections		
A	B		A	B	Discriminating:	A	B		A	B	
<input type="checkbox"/>	<input type="checkbox"/>	Walking	<input type="checkbox"/>	<input type="checkbox"/>	Colour			Exploration of the world, including:	<input type="checkbox"/>	<input type="checkbox"/>	Grace & courtesy:
<input type="checkbox"/>	<input type="checkbox"/>	Carrying objects	<input type="checkbox"/>	<input type="checkbox"/>	Shape			History	<input type="checkbox"/>	<input type="checkbox"/>	Group activity
<input type="checkbox"/>	<input type="checkbox"/>	Folding clothes	<input type="checkbox"/>	<input type="checkbox"/>	Sounds	<input type="checkbox"/>	<input type="checkbox"/>	Music	<input type="checkbox"/>	<input type="checkbox"/>	Roles
<input type="checkbox"/>	<input type="checkbox"/>	Buttoning	<input type="checkbox"/>	<input type="checkbox"/>	Touch			Art	<input type="checkbox"/>	<input type="checkbox"/>	Visiting
<input type="checkbox"/>	<input type="checkbox"/>	Using zipper			(e.g. – soft/hard or rough/smooth)	<input type="checkbox"/>	<input type="checkbox"/>	Creativity			Making connections to the world around him/her:
<input type="checkbox"/>	<input type="checkbox"/>	Dressing			Size & shape	<input type="checkbox"/>	<input type="checkbox"/>	Geography	<input type="checkbox"/>	<input type="checkbox"/>	Activities that bring joy
<input type="checkbox"/>	<input type="checkbox"/>	Opening & closing (drawers, bottles or screwing nuts & bolts)	<input type="checkbox"/>	<input type="checkbox"/>	Taste	<input type="checkbox"/>	<input type="checkbox"/>	Science			Activities are connected to personal interests
<input type="checkbox"/>	<input type="checkbox"/>	Using tools (including cutlery)	<input type="checkbox"/>	<input type="checkbox"/>	Smells			Biology	<input type="checkbox"/>	<input type="checkbox"/>	Environment offers:
<input type="checkbox"/>	<input type="checkbox"/>	Pouring				<input type="checkbox"/>	<input type="checkbox"/>	Exploration can be accomplished through:	<input type="checkbox"/>	<input type="checkbox"/>	Social roles
<input type="checkbox"/>	<input type="checkbox"/>	Spooning				<input type="checkbox"/>	<input type="checkbox"/>	Sorting	<input type="checkbox"/>	<input type="checkbox"/>	Opportunities for personal expression
<input type="checkbox"/>	<input type="checkbox"/>	Toileting				<input type="checkbox"/>	<input type="checkbox"/>	Reading	<input type="checkbox"/>	<input type="checkbox"/>	Support (physical, social & emotional)
<input type="checkbox"/>	<input type="checkbox"/>	Personal care				<input type="checkbox"/>	<input type="checkbox"/>	Games	<input type="checkbox"/>	<input type="checkbox"/>	Interpersonal connections
<input type="checkbox"/>	<input type="checkbox"/>	Hygiene				<input type="checkbox"/>	<input type="checkbox"/>	Puzzles	<input type="checkbox"/>	<input type="checkbox"/>	Atmosphere of both caring & being cared about
<input type="checkbox"/>	<input type="checkbox"/>	Attending to personal finances (such as writing a cheque)						Includes accessing important information & decision-making. May need external cues to support decline in declarative memory.	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Eating				<input type="checkbox"/>	<input type="checkbox"/>	Memory book	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	Cue cards			
						<input type="checkbox"/>	<input type="checkbox"/>	Daily schedule			

Use the information from this chart to help you establish goals on the Montessori Assessment Form.

Activities & Goals

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MONTESSORI ACTIVITY RECORD KEEPING LOG

Client Name: _____ **Date:** _____

DATE & Time	ACTIVITY	Activity/role/routine was created based on interests/skills of participant			Activity/role/routine was the right level of difficulty			How much of the time did he/she participate in the activity?						Participant enjoyed activity					How long did the participant engage in activity? (# minutes)	COMMENTS	STAFF NAME						
		Yes	No	Why Not	Yes	Too Easy	Too Hard	All 1	2	3	4	None 5	Just observed 6	All 1	2	3	4	Not At All 5									

Lessons Learned with (Client name) _____

Successes:

Things tried but not successful. Why not?

Write a final 2 – 3 page report describing your Certification experience. Discuss your experiences and how you worked with others towards creating a change of practice.