**Montessori Teacher Education Program and Lab School**

3800 Victory Parkway

Cincinnati, Ohio 45207-6631

**T** 800-344-GOXU

**P** 513-745-3424

**F** 513-745-4378 [www.xavier.edu/montessori](http://www.xavier.edu/montessori)

**XAVIER UNIVERSITY MONTESSORI TEACHER EDUCATION PROGRAM**

**STATEMENT OF PURPOSE**

Name Date

Local address City State Zip

Field(s) of Certification

1. **CAREER OBJECTIVES**

Include reasons and motivation for selecting education as a profession and why you have chosen Montessori in particular.

1. **SELF ASSESSMENT**

Include areas of strength and areas needing growth in order to enhance your objectives and skills that relate to these long-range objectives.

1. **GROUP EXPERIENCES**

 Describe experiences working with people in professional organizations, community employment, clubs, and group activities.

1. **PROFESSIONAL RESUME**

Submit a professional resume.

R:/TEP/ADVISING/Advising Forms- Active/Statement of Purpose-Montessori Letterhead- Rev. 10292012