



Internal Trainer Credential Application

Thank you for your interest in becoming a Montessori Inspired Lifestyle® Champion for your care community! This application is an opportunity to evaluate where you are on your Montessori journey and allows us to better support you and your fellow care partners. This application consists of:

1. Preparedness Checklist: Provide your information and begin the application
2. Principles Self-check: How often do you use Montessori in your interactions?
3. Knowledge Self-check: Check your knowledge of Montessori theory as it applies to memory care
4. Case Study Reports:
 - a. Hypothetical Case Study: Offer ideas of how you would use Montessori to help a sample resident
 - b. Real-Life Case Study: Describe how you have put Montessori principles into practice with a resident in your care. Photos may be included (optional)

Please review this application packet in full and prepare your answers to the case studies BEFORE completing the online application. We recommend writing out your case studies responses which you can then copy and paste into the online form.

***** If you prefer an alternative to the written case study report, you are welcome to schedule a short call to describe your case study by phone or video.** Complete the first 3 parts of the online application, then skip to the final step to let us know you are ready to review with us. To schedule a call with a CARD team member for your case study review, send a message to info@cen4ard.com.***

We appreciate your role in bringing Montessori to your care community, and are here with support and resources to help. Please reach out to your Montessori trainer or any of us at CARD with any questions about your application.



1. Preparedness Checklist

Name _____

Employer _____

Your Title/Role _____

Email _____

Describe your Montessori training, including how much and who provided it _____

Before beginning the online application, ensure all of the items in the list below are complete. If any of these items are not ready to check off, we recommend returning to this exam after additional practice or work with your trainer.

- I have applied my training for a minimum of six weeks.
- I have conducted at least 5 activity sessions with residents within the context of my job.
- I have been using the checklist of Montessori principles to evaluate myself when I work with residents and completed the Self-Check Assessment (page 3).
- I am prepared to look over a hypothetical case study and offer suggestions for how to engage a hypothetical resident (page 5).
- I am prepared to describe a real-life case study of an activity I have done with a resident to illustrate that I can use my training effectively (page 6).
- I have combined all photos to support my case study into a single file (optional).
- I wish to train other staff members in how to work with residents effectively using my training once I have successfully passed my credential exam.
- I understand this credential is valid only for staff training within the company or organization for which I currently work.



2. Montessori Principles Self-Check Assessment

How often do you use each of the Montessori Principles?

	Almost never	Some times	Half the time	Usually	Almost Always
I try to give an activity a sense of purpose and capture interest for the person living with dementia.					
I invite the person to participate in an activity.					
I offer choice whenever possible.					
I try to talk less and demonstrate more.					
I focus on the person's strengths and abilities and what they can do.					
I try to match my speed with the speed of the person living with dementia when engaged in activity.					
I use visual cues, hints, or templates.					
I try to give the person something to hold when engaged in activities.					
I go from simple to more complex when engaged in an activity.					
I break a task down into steps for the person living with dementia					
I ask, "Did you enjoy doing this?" and "Would you like to do this again?"					
I focus on positive engagement with the person living with dementia and make it easy for them to succeed as there is no right or wrong.					

3. Montessori Knowledge Check

Please indicate True or False for each of the following statements.

	TRUE	FALSE
Maria Montessori said, "We do our job best when they do not know we are present."	<input type="checkbox"/>	<input type="checkbox"/>
Maria Montessori said, "The greatest source of discouragement is the conviction that one is unable to do something."	<input type="checkbox"/>	<input type="checkbox"/>
Maria Montessori was a physician.	<input type="checkbox"/>	<input type="checkbox"/>
Montessori said, "We take note of all the details of a disease and yet make no account of the marvels of health."	<input type="checkbox"/>	<input type="checkbox"/>
The "hotel" model of care is preferred by most residents.	<input type="checkbox"/>	<input type="checkbox"/>
We should always demonstrate what you want a person with cognitive disabilities to do before you ask them to do it.	<input type="checkbox"/>	<input type="checkbox"/>
Persons with cognitive disabilities cannot learn new things.	<input type="checkbox"/>	<input type="checkbox"/>
Maria Montessori said, "What you do for me, you take from me."	<input type="checkbox"/>	<input type="checkbox"/>
When doing activities, residents need constant correction.	<input type="checkbox"/>	<input type="checkbox"/>
You may not like busy work, but persons with cognitive disabilities love it.	<input type="checkbox"/>	<input type="checkbox"/>
Templates and other external cues are too stimulating and should be avoided.	<input type="checkbox"/>	<input type="checkbox"/>
When working with persons with cognitive disabilities, it's best to have low expectations.	<input type="checkbox"/>	<input type="checkbox"/>
When making "cognitive ramps," always use bright red.	<input type="checkbox"/>	<input type="checkbox"/>
Responsive behaviors cannot be helped.	<input type="checkbox"/>	<input type="checkbox"/>
When looking for solutions to responsive behaviors, it is important to ask ourselves, "Why is this happening?"	<input type="checkbox"/>	<input type="checkbox"/>
When someone asks the same question over and over, it is always because they forgot the answer.	<input type="checkbox"/>	<input type="checkbox"/>
Persons with cognitive disabilities cannot be happy.	<input type="checkbox"/>	<input type="checkbox"/>
When asking persons with cognitive disabilities to do something, we should use "would you" instead of "can you."	<input type="checkbox"/>	<input type="checkbox"/>
Montessori programming can save staff time.	<input type="checkbox"/>	<input type="checkbox"/>
Montessori programming can reduce the use of some medications.	<input type="checkbox"/>	<input type="checkbox"/>



4. Case Study Examples

The last portion of the application consists of 2 parts: A hypothetical case study and your own case study. Prepare descriptions of two activities for the hypothetical case study. For your own case study report, follow the format in the SAMPLE CASE STUDY REPORT on pages 7-8 of this packet.

Part 4a: Hypothetical Case Study

A man with early-stage dementia complains that he is bored and that there is nothing for him to do. He was a business executive and says that he does not want to be with “a bunch of sick old people” where he now lives. He is angry at his family for placing him in long-term care. He is mobile and physically active but can become verbally and physically abusive to staff members when he thinks they are “telling me what to do.” He also can say hurtful things about residents who have physical or cognitive disabilities.

- **Describe two activities you would offer this person and explain why they were chosen (especially as it relates to your Montessori training).**

Sample Activity 1:

Sample Activity 2:

Part 4b: Your Case Study

Provide one example case study of a resident or client with whom you implemented Montessori-based techniques. Follow the format provided in the sample on the following pages and provide detailed responses to these questions. DO NOT USE THE PERSON'S REAL NAME.

- 1. What specifically does the person do when they are exhibiting the responsive behavior?**
Describe what the behavior looks like to an observer.
- 2. Who is this person?** Describe the individual, noting any details regarding background, interests or responsive behaviors that may suggest appropriate activities.
- 3. What are this person's strengths?** Describe the individual's abilities, strengths and interests using assessments provided in the MIL training.
- 4. Why is this happening?** Use a [Responsive Behavior Inquiry](#) to explain how you came to this conclusion, or share other observations to support this answer.
- 5. What activities (two minimum) were chosen, and why?**
- 6. Provide at least two examples of how you followed Montessori principles when presenting the activities.**
- 7. What results were achieved?** Explain whether any change in the responsive behavior was observed.
- 8. How can these results be sustained?** Describe how the intervention will be shared among staff and/or visitors.

(Optional) Photos from your Case Study

You have the option to upload a photo(s) related to your case study to support your application, such as the activity in progress or materials used.

- *Combine multiple photos into 1 file:* Prepare a single file (doc, pdf, jpg, ppt), which you can upload when prompted by the online application portal.
- *Protect privacy:* Photos of residents should only be included if a release has been signed. This photo will not be shared with anyone outside of CARD. Photos that have been shared publicly (e.g. on social media) are safest.



Sample Case Study Report

(Based on actual cases in the US and France)

1. **What specifically does the person do when they are exhibiting the responsive behavior?** Mrs. C wants to tell staff what to do and refuses to do anything that they ask her, because in her words “They do not know who I am and they do not know what they are talking about.” Since she needs to take daily medication, this is a real problem. As a former nurse, she tries to “help” other residents, which can put her into conflict with staff members.
2. **Who is this person?** Mrs. C is a retired nurse who worked in long-term care for many years and was a unit coordinator. She has lived in this area most of her life and has one son who lives very far away. He visits her once or twice a year and tries to call her at least once a week. She has no other friends or relatives nearby.
3. **What are this person’s strengths?** Mrs. C can read 32-point font. She can walk without assistance, has good motor skills, can speak in complete sentences, can answer questions, can follow simple verbal directions, usually has good social skills and is kind to other residents unless people question her authority. She has clear and legible handwriting.
4. **Why is this happening?** We noticed that the behavior only occurs when Mrs. C is being asked to do something related to her health, unless it is the Medical Director. She does not refuse when asked to assist others or is invited to group activities. She does take medication when she requests it for a headache, but not during med pass. Based on this information, her professional history, and her words that “they do not know who I am”, I concluded that she does not feel her knowledge and experience are respected or appreciated.
5. **What activities (two minimum) were chosen, and why?**

Activity 1 - Mrs. C was asked to help the unit nurse check the contents of the First Aid Kit on the unit, and to make recommendations regarding what should be added. Out-of-date supplies were noted, and a checklist was made of what to replace. An order was placed with Mrs. C checking the order to make sure that the needed contents were part of the order. Mrs. C was asked to check each day to see if the contents had arrived, and a note about that was given to her each morning. When the contents arrived Mrs., C helped put the contents into the First Aid Kit. A schedule was created to be sure that Mrs. C could help the nurse check the First Aid Kit’s contents on a monthly basis. These activities were done under nurse supervision.

Activity 2 – Mrs. C was asked to help the nurse take blood pressure readings. Mrs. C would talk to the residents and comfort them while the nurse performed the tests. The nurse would ask Mrs. C to call out the readings and write them on a note pad. (Readings were officially recorded by the nurse.) This made Mrs. C feel better about taking instruction from the nurse, who now was her peer.

These activities use the experience that Mrs. C has from being a nurse and her physical capacities. They also help to meet her need to feel respected and to care for others.

6. **Provide at least two examples of how you followed Montessori principles when presenting the activities.** Mrs. C was invited to participate in these activities and given demonstrations of the tasks involved. Templates/external cues were used to assist Mrs. C in successfully completing both activities.
7. **What results were achieved?** Mrs. C was constructively engaged and showed positive emotions for the majority of time when she was taking part in both activities. She began to come to the nurse's station on her own each morning at the time that medications were to be given out. Other residents thanked her for coming to them and talking to them during medication dispensing, and sometimes would come up to her at other times to thank her for listening. When putting in new contents of the First Aid Kit she said "I guess someone thinks I am not stupid," and she began to refer to the nurse she worked with as her "partner." Mrs. C now takes her medications with no problems and is more pleasant towards staff than before. [Note: It was cleared with administrators and the staff in charge of safety and following regulations that these roles were permitted for Mrs. C before the activities were started.]
8. **How can these results be sustained?** If she gets annoyed with staff, the nurse who works with her says, "Now Mrs. C, remember that they are just learning and they need your patience," and Mrs. C calms down quickly. She wears a badge when assisting the nurse that says "Volunteer" in order to make her position more visible and as a cue for her and for others. Mrs. C's care plan includes a description of her volunteer roles and procedures, including cues to provide to support her in the tasks. The plan will be updated every 6 months or as needed if her abilities and interests change. Changes and reminders of residents' roles are shared with staff during weekly meetings.

[Click here for case study photos](#) (sample of file for upload)