

VERIFICATION OF K-12 EDUCATOR EXPERIENCE

last name	first name	middle name	maiden name
street address	city	state	zip code
social security number	email address		

▶▶ **To the employer: Please return this form to the employee. Do not send it directly to the Licensure Section.**

Box A	Professional Educator (K-12) Experience (to be completed by employer)			
School system <input type="checkbox"/> Public <input type="checkbox"/> Private	Beginning date of service (month, day, year)	Ending date of service (month, day, year)	Total hours worked per week <input type="checkbox"/> full-time <input type="checkbox"/> part-time	Position title (e.g., teacher, counselor, supervisor, principal, superintendent)

Box B	K-12 Instructional Teacher Assistant Experience (to be completed by employer)			
School system	Beginning date of service (month, day, year)	Ending date of service (month, day, year)	Total hours worked per week	IMPORTANT: Check one box below for each assignment.
Please use a separate line for each school year.				The assignment meets the criteria statement* below.
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

***CRITERIA STATEMENT:**

The instructional teaching assistant assignment listed above was service in the classroom with school-age children with actual instructional teaching responsibilities comprising a minimum of 50% of daily activities.

I certify that this verification omits leave of absence periods and that all information is complete and correct according to the official records of this school system.

_____ date _____ address _____
signature of superintendent or designee

_____ telephone _____ city, state, and zip code _____
title