

**VERIFICATION FORMS
FOR
TEACHING EXPERIENCE
AND
ADMINISTRATION EXPERIENCE**

**(Use these forms for the professional members that
do not possess a valid teacher's license.)**

(Put on your school's letterhead)

VERIFICATION OF TEACHING EXPERIENCE

First Name	MI	Last Name	Maiden Name
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Social Security #	Date of Birth
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The above teacher applicant is requesting that you provide our school with verification of his/her teaching experience within your district or school.

We request that the experience be consistent with the following requirements:

- The applicant taught for at least five class periods per school day for 180 days in each year of experience.
- Teaching experience took place in a school recognized by the state department of education.
- Substitute teaching for less than the 180 day year/5 period day, preschool, or aide experience, should not be considered when verifying teaching experience.

Subject/Grade Level	School Name	From Date	To Date
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Subject/Grade Level	School Name	From Date	To Date
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Based on previous evaluations is the employee eligible for re-employment?
Yes No

Print Name	Signature	Title
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Name of School	Name of District
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City	State	Zip Code	Phone Number
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Date Signed: _____

