

Documentation of Classroom Experience

Teacher Certification Program

Please type or print clearly. This form may be duplicated.

TO THE APPLICANT: Please give a copy of this form to your supervisor in each of the settings in which you have completed a portion of your required 40 hours of school classroom or group instructional setting experience. The setting should closely match the subject and age level you wish to teach. All completed forms should be submitted with your other application materials.

Legal Name (last, first, middle)

TO THE SUPERVISOR: Please complete this form and return it to the applicant.

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| 1. Name and address of building or site in which applicant's work with children was completed: | | |
| 2. Nature of the applicant's work with children. Specify the tasks performed and the amount of responsibility held by the applicant. | | |
| 3. Ages of the children with whom the applicant worked. | 4. Total number of hours the applicant worked with children in this setting in the past five years. | |
| 5. Comments | | |
| Supervisor name | | Title |
| Address (street and number) | | (city) (state) (ZIP) |
| Supervisor signature | Date | (Phone number) |