



Verification of Experience

Applicant: Complete the top section only and then forward for verification. Once returned, upload on the applicable "Experience" tab of the TEACH application. Please print or type this information.

| | | |
|--------------|---|----------------|
| First Name: | Last Name: | Middle Initial |
| Maiden Name: | Last 4 Digits of Social Security Number | Date of Birth |
| Address: | City, State | Zip Code: |
| Email: | Home Phone: | Mobile Phone: |

Signature of Applicant: _____ Date: _____

Employer: The above-named person was employed in your district or school(s). Please complete each section below to indicate the dates of service and performance rating for each specific assignment. Performance ratings will be used only for determining eligibility for licensure. *Please return the completed form to the applicant above.*

| School/School District | State | Dates of Service From - To | FT/PT (if PT, % of time) | Performance Rating | Subject Taught (one subject per box) | Grade(s) Taught |
|------------------------|-------|-------------------------------|-----------------------------------|--|---|--------------------|
| | | | | Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> | | |
| | | | | Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> | | |
| | | | | Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> | | |
| | | | | Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> | | |

If the school listed above is a nonpublic/private school, list the approving or accrediting agency:

| | | |
|-------------------------------------|----------------------------------|--------|
| Printed Name of Authorized Official | Signature of Authorized Official | Date |
| Title | Phone | E-Mail |