



District Verification Form

Alternative Early Childhood and Elementary Program

This form is for an applicant applying for a provisional certificate through the Alternative Early Childhood and Elementary Program. A school official (e.g., HR, principal) from an accredited district must verify classroom experience obtained after completion of a bachelor's degree.

»» A: THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name: _____
Last First Middle Maiden

Social Security Number:

»» B: THIS SECTION TO BE COMPLETED BY AN ACCREDITED SCHOOL DISTRICT

I, _____, can confirm the following **post-degree** employment history for the
(School Official's Name)
 educator above:

| School Year | # of Days Worked (full time) | Position | Grade(s) Served | (Select One) | | |
|-------------|---------------------------------|----------|--------------------|--|----|-------------|
| | | | | General Education OR Special Education | | |
| | | | | General Ed. | OR | Special Ed. |
| | | | | General Ed. | OR | Special Ed. |
| | | | | General Ed. | OR | Special Ed. |
| | | | | General Ed. | OR | Special Ed. |
| | | | | General Ed. | OR | Special Ed. |
| | | | | General Ed. | OR | Special Ed. |

 Print Name (School Official) Title Signature (School Official) Date

 School District (and State if not OK) Phone Number Email Address