

VERIFICATION OF TEACHING EXPERIENCE

This form is used for students desiring to substitute one year, full-time, paid teaching experience for student teaching. It validates teaching experience in a field where the student has had teaching experience and wishes to add certification in that field. As the student's supervisor, please complete this form and attach your school's satisfactory summative evaluation for them. The form and your satisfactory evaluation are required for us to waive student teaching in the student's planned certification program. If you cannot verify teaching experience in this particular field, our policies require that the student demonstrate competence in the field in a directed student teaching experience.

Please mail or fax this form and your evaluation instrument to Barbara Schade, College of Education and Allied Professions; 91 Killian Building Lane, Room 230, Western Carolina University, Cullowhee, NC 28723; fax 828.227.7388.

Date _____

Student Name _____

Teaching Field _____

Name of School _____

Address of School _____

Please state Accreditation Status of School _____

Supervisor Name (please print) _____

Supervisor Signature _____

Did the candidate have full-time responsibilities as a teacher? Yes _____ No _____

 If yes, please indicate dates: _____

Did the candidate teach full-time in his/her teaching field? Yes _____ No _____

 If yes, please indicate dates: _____