

SCHOOL OF EDUCATION

INSITUTIONAL TEACHER EDUCATION VERIFICATION FORM

For Faculty in K-12 Public School Classrooms

Name _____ Date _____

Department _____

Instructions: Please complete A or B and have the form signed by the appropriate school official.

A MINIMUM OF 10 CONTACT HOURS PER YEAR IS REQUIRED

A. This is to verify that _____ has completed _____ hours teaching regularly scheduled classes in _____ school which is an accredited school.

B. This is to verify that _____ has performed _____ hours in a professionally appropriate role at _____ school which has involved direct contact with students.

Signature