

VERIFICATION OF EDUCATOR EXPERIENCE FORM

This is to verify that _____
(Name) _____ SSN

has served as *Teacher of Record
 *Educational Aide in _____
* (Grade/Subject)

in the _____ School District from

_____ to _____ for a total of _____ years.
(Year) (Year)

Signed: _____
Superintendent of Schools
(or Official Signature approved by S.B.E.C.)

_____ Date

_____ School District

_____ Telephone Number

_____ City & State

Record of Educator Experience: If your most recent place of employment has a complete authenticated record of your educator experience (Texas Teacher Service Record) on file, the school's authority granted by SBEC and TEA may certify the entire record, as long as they include the grade, subject, position, and full-time (vs. part-time) service.

YEAR	SCHOOL DISTRICT	LEVEL	MONTHS TAUGHT	FULL OR PART TIME	SIGNATURE OF SUPERINTENDENT OR PERSONNEL DIRECTOR

RETURN TO:
SCHOOL OF EDUCATION
CERTIFICATION OFFICE
UNIVERSITY OF HOUSTON – CLEAR LAKE
2700 BAY AREA BLVD., BOX 548
HOUSTON, TEXAS 77058

* Only "Teacher of Record" or THECB-approved Educational Aide experience is accepted to replace Student Teaching (Internship II). Neither long-term Substitute Teaching nor part-time teaching are accepted by UHCL as teaching experience for replacing internship, or for fulfilling experience requirements on any other certificates.