SJSU Multiple Subject Credential Program Pre-Professional Experience Verification Form

Name:	Semester Applying for:			
hour requirement. Plea	ighly recommended for a ise indicate the appropria	admission. You may use on ate option(s) by circling the on of hours. This form must b	option number(s). Be su	re to attach the
Option 1	Option 2	Option 3	Option 4	Option 5
Completion of 45-hours paid experience as a teacher's aide or teacher assistant in an elementary classroom. Minimum of 30-hours must be spent in direct or indirect contact with students. The classroom teacher, site administrator, or district administrator may verify this experience.	Completion of 45-hours as a classroom teacher in an elementary public school as a substitute teacher with a substitute permit, as verified by a district or site administrator.	Completion of 45-hours working as a volunteer. Minimum of 30-hours must be spent in a regular elementary education classroom with a credentialed teacher. The remaining 15-hours may be spent in an elementary level special education or special services classroom (e.g. SDC, ELL, or literacyfocused). The classroom teacher or site administrator may verify this experience.	Successful completion of any preparation for teaching course or courses which have field experience with elementary students. Please note course number(s) and titles(s) as they appear on your transcripts.	Alternative experience working with children such as working or volunteering in a private school, teaching at a preschool, tutoring, pod tutor, teaching in an after-school program, outdoor education instructor, etc Verification may be from a site administrator or equivalent.
Options 1, 2, 3: School Service must haprofessional experience	ave been at the K-8 level	I the Pre-Profession I and in a public elementary must be signed off by the signed off by the signed off by the signed pistrict:	y school setting to be co	onsidered as pre- acher.
			el:	
Dates of Service:				
	Classroom Teach	ner Verification:certify that the above, volunteer, tutor, etc.) as	e-name applicant ser s stated above.	vedhours
Signature:				
Printed Name:				
Position:				
Email:	Ph	one:	Date [.]	

^{*}Note: you may submit district-generated time-sheets in lieu of a signature. Timesheets must delineate the time spent in the specific job classification and be signed by the supervising administrator. Please attach time-sheets

Option 4: Coursework. This option as an approved preparation		ence in a K-8 setting as part of our undergraduate co	ursework
Course (title & number):_ *Note: Attach the syllabus	Semester: s reflecting the content of	:College: each course, including fieldwork requirements.	
professional experience. Th	e number of hours must be	nd in a school or alternate setting to be considered as presigned off by the supervisor/administrator.	-
School/Organization/Setti	ing:		
Position:		Grade level/ages:	_
Dates of Service:			
Brief Description of work	with children:		
Administrator/Sup	ervisor Verification	n:	
I (name)in working with children, a	cer as stated above.	rtify that the above-name applicant servedho	ours
Signature:			
Printed Name:			
Position:			
Email:	Phone:		

^{*}Note: you may submit official time-sheets in lieu of a signature. Timesheets must delineate the time spent in the specific job classification and be signed by the supervising administrator. Please attach time-sheets