



# Documentation of Experience Working With Children Teacher Certification Program

## Section A

### Candidate Information

Please print or type

To the candidate: Please give a copy of this form to your supervisor in each of the settings in which you have completed a portion of your required 60 hours of experience working with children. All completed forms should be submitted with your application materials. You may duplicate this form.

Legal name (Last)

(First)

(Middle initial)

## Section B

### Supervisor Information

Please print or type

To the supervisor: Please complete this form and return it to the candidate.

Supervisor's name

( )

Title

Phone

Name and address of building or other site where candidate's work with children was completed

Public school

Daycare

Community agency

Other \_\_\_\_\_

**Nature of the candidate's work with children. Specify the tasks performed and the amount of responsibility held by the candidate.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of work: \_\_\_\_\_

_____
Ages of the children with whom the candidate worked
_____
Total number of hours candidate worked with children

## Comments

Supervisor's signature

Date