Section A: Candidate Information
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 experience working with children. All completed forms should be submitted with your application materials. You may duplicate this form.

Last Name  First Name  Middle initial

Section B: Supervisor Information
To the supervisor: Please complete this form and return it to the candidate.

Supervisor Name

Title  Phone Number

School Name  Location (City, State)  School District

Ages of children with whom the candidate worked  Dates of work  Total number of hours candidate worked with children

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

Please provide any additional comments on the candidate’s work below.

Supervisor Signature  Date

University of Washington Bothell, School of Educational Studies
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