

SUPERINTENDENT'S VERIFICATION FOR INITIAL EDUCATIONAL ASSISTANT/SUBSTITUTE LICENSURE

Applicant's Name _____ **Social Security Number** _____

I, _____, hereby certify that I have verified that the above applicant:
Printed Name of Superintendent or his/her Designee

_____ is at least eighteen (18) years of age and at least twenty-one (21) years of age if substituting at the high school level

_____ has earned a high school diploma or high school diploma equivalency, and

The license must be issued for the current School Year (SY).

The License must be issued for the next School Year (SY)

EDUCATIONAL ASSISTANTS

_____ has satisfactorily completed an orientation session relative to his/her assignment.

SUBSTITUTE TEACHERS

Select at least two applicable items from group A or one applicable item from group B below:

GROUP A:

_____ has, within 12 months of the date for initial employment with a local district, received on-the-job training by serving as a voluntary assistant to a licensed teacher in a school classroom for a minimum of 3 hours for 3 (three) days.

_____ has observed 3 hours or more of teaching in a school system and at the grade level of students in which he/she will serve.

_____ has completed a substitute teacher workshop conducted by or acceptable to the local school district where the substitute teacher is employed or seeking employment.

_____ has, within the past (3) three years of application for employment or certification, performed at least 3 hours of instructional services as a substitute teacher in any school accredited or recognized by the Public Education Department.

_____ has engaged in paid employment during the three years before applying for substitute teaching employment which, in my opinion, is relevant work or life experience.

_____ has completed at least 60 hours of college-credit courses from a regionally accredited college or university.

_____ has completed, or is currently enrolled in, an approved course or program from a regionally accredited college or university, where the course or program is structured to provide primary/secondary school teacher preparation.

GROUP B:

_____ has completed the [Strategies and Practices for Substitute Teacher Success](#) online course

GROUP C:

____ has completed an approved teacher preparation program from a regionally accredited college or university.

____ possesses a current substitute or standard teaching license issued by an educator licensure issuing agency of

another state. **State:** _____ **License number:** _____

(Signature of Superintendent or his/her Designee)

Date: _____

District / Private School / Charter School: _____