

## 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. *\*\*Must upload the certificate of completion to the online application.*

**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:** \_\_\_\_\_