

Verification of Paid Experience and Evaluation Ratings for Initial Classroom Teaching Certificates under the Endorsement Pathway

All paid experience and evaluation ratings for Initial Classroom Teaching certificates must be verified by the Public School Superintendent, Assistant Superintendent for Human resources or the equivalent.

Instructions for Certificate Holder: Please complete Section I and submit the form to your employer(s) for completion of Section II. **A separate form must be completed by each school district.**

Instructions for the Employer: Please complete Section II and III. This form must be completed by the Superintendent of the school district or designee, Assistant Superintendent for Human resources or the equivalent, verifying that the certificate holder completed experience within the title of the certificate(s) held.

*The form must be submitted to the Office of Teaching Initiatives by the employer via email to: otexpverif@nysed.gov ; or by mail to the address listed above. **This form cannot be faxed.***

Section I: To be completed by the certificate holder			
First Name:	Last Name:	Middle Initial:	
Date of Birth: ____/____/____ (mm/dd/yyyy)	Last 4 Digits of the Social Security Number: ____ — ____ — ____ — ____		
Certificate title(s) you are requesting this form be completed for:			
Section II: To be completed by the Public School District			
Under Commissioner's Regulation's for the Endorsement pathway, 80-5.8, a school leader must have at least three years of satisfactory experience in a public school (grades birth-12) in another state or territory of the United States or the District of Columbia in a position that would have required the equivalent of an Initial or Professional School Building Leader or a Professional School District Business or School District Leader certificate in the certificate title sought as a teacher in the classroom teaching service for employment in New York State and have received evaluation ratings of effective or highly effective, or the substantial equivalent of such ratings, in each of his or her three most recent years of experience in a public school in another state or territory of the United States or the District of Columbia in the certificate title sought as a teacher in the classroom teaching service for employment in New York State.			
Name of School or Employer:			
Street Address:	City:	State:	Zip Code:
Employment year 1: Please list each school year separate			
Position: _____ <div style="text-align: center; font-size: small;">(Indicate title/subject and grade level)</div>			
<input type="checkbox"/> Full-time: from: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy)			
Total number of full-time days worked ____		Evaluation Rating: <input type="checkbox"/> Effective or Higher or the Substantial Equivalent <input type="checkbox"/> Below Effective <input type="checkbox"/> Not rated	

Employment year 2: Please list each school year separate

Position: _____
(Indicate title/subject and grade level)

Full-time: from: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy)

Total number of full-time days worked _____

Evaluation Rating:

- Effective or Higher or the Substantial Equivalent
- Below Effective
- Not rated

Employment year 3: Please list each school year separate

Position: _____
(Indicate title/subject and grade level)

Full-time: from: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy)

Total number of full-time days worked _____

Evaluation Rating:

- Effective or Higher or the Substantial Equivalent
- Below Effective
- Not rated

Employment year 4: Please list each school year separate

Position: _____
(Indicate title/subject and grade level)

Full-time: from: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy)

Total number of full-time days worked _____

Evaluation Rating:

- Effective or Higher or the Substantial Equivalent
- Below Effective
- Not rated

Employment year 5: Please list each school year separate

Position: _____
(Indicate title/subject and grade level)

Full-time: from: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy)

Total number of full-time days worked _____

Evaluation Rating:

- Effective or Higher or the Substantial Equivalent
- Below Effective
- Not rated

Section III

I verify that the individual listed above gained the paid experience listed above at the public/private school of which I am the Superintendent, Superintendents designee, Head of Human Resources; or, the approved non-public/independent school of which I am the chief school officer; or with regard to Speech and Language Disabilities or Students with Disabilities experience only, the authorized official listed for the approved contracting agency.

Print Name of Administrator: _____

Administrative title: _____

Signature of Administrator: _____ Today's Date: ____ / ____ / ____

Email: _____ Phone Number: (_____) - _____ - _____

If the experience was earned while employed by a private entity for Speech and Language Disabilities or Students with Disabilities experience, the private entity must submit a copy of the contract with the public school district.