

## **Prior-Experience Verification Form**

| Name:  | Student ID#  |
|--|--|
| classroom or classroom-like field experied application for admission to a Teacher Prearly field experience with a group(s) of spopulation with whom you will be working  | ist verify that they have completed successful ince prior to admission. Prior to submission of your reparation program, you must have participated in an achool-aged children appropriate for the student g. This experience must have taken place within the last ty-five (45) clock hours of paid or volunteer experience. |
| <ul> <li>Instructions:</li> <li>Answer all items on this form</li> <li>Have your supervisor or other appropria</li> <li>Submit completed form with your crede</li> </ul> | ·  |
| A. Type of Experience: Please circle of  | ne   |
| After School Program Aide/Volunteer, Te<br>Substitute Teacher /Camp Counselor/Vol<br>Coach/NSED Courses/Other:   | unteer/Boy Scouts, Girl Scouts, YMCA Volunteer   |
| B. Approximate Age of Children: From C. Number of Children: Approximately D. Dates of Field Experience: From E. Total Hours:   | ·  |
|  | es did the applicants commonly lead/facilitated with if necessary. NSED applicants list your NSED  |
| *Supervisor's Verification:  |  |
| SupervisorName:Institution:  |  |
| Institution:Supervisor's Signature   | Date:  |

\*If you are applying for a program through NSED minor a signature is not required, please complete the form, and submit with your application.