



INDIAN RIVER SCHOOL DISTRICT
 31 Hosier Street
 Selbyville, DE 19975

(Form E) VERIFICATION OF TEACHING EXPERIENCE

FAXED COPIES WILL NOT BE ACCEPTED

Applicant: Complete top section only before forwarding this form to the school district.

NAME: (Last, First, Middle, Maiden)		SOCIAL SECURITY #:
ADDRESS:	CITY:	STATE/ZIP:
SCHOOL(S) IN WHICH I TAUGHT:		
APPLICANT SIGNATURE:		DATE:

Superintendent or Personnel Officer:

Please verify employment and performance on the applicant listed above.

EMPLOYED: FROM D/M/Y	TO D/M/Y	# OF DAYS TAUGHT	# OF DAYS IN SCH YR.	FULL TIME	PART TIME	GRADE LEVEL(S)	SUBJECT(S)

APPLICANT HAS RECEIVED TWO OR MORE SATISFACTORY SUMMATIVE EVALUATIONS: YES: NO:

According to Regulation 1511 Issuance and Renewal of Continuing License: The educator may demonstrate three (3) years of successful teaching experience by submitting documentation to the Department of a minimum of three (3) years of teaching experience and of having received at least two (2) satisfactory evaluations from the other jurisdiction that the Department finds are the equivalent of the two (2) satisfactory summative evaluations required of a Delaware educator.

Print or type name of Superintendent or Personnel Officer: _____ Signature/Title: _____ Date: _____

District Name and Address: _____ Phone #: _____

RETURN TO: INDIAN RIVER SCHOOL DISTRICT, AT THE ABOVE ADDRESS.