

State of Delaware
 Department of Education
 Licensure/Certification
 35 Commerce Way, Suite #1
 Dover, DE 19904
 Phone: (302) 857-3388

(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 M/D/Y	TO M/D/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: <input type="checkbox"/> NO: <input type="checkbox"/>		
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: DELAWARE DEPARTMENT OF EDUCATION AT THE ABOVE ADDRESS.		