SJSU PK-3 ECE Specialist Instruction Credential Program Pre-Professional Experience Verification Form

(Highly Recommended, but not required moving forward for all applicants)

name:		Semeste	r Applying for:	
options below to meet the	rience is recomme e 45-hour recomm	ended prior to applying to the pro endation. Be sure to attach the re ned and submitted with your Cals	equired documentation v	
Option 1	Option 2	Option 3	Option 4	Option 5
Completion of 45-hours paid experience as a teacher's aide, teacher assistant, or teacher in a public or private elementary school classroom or an ECE classroom. Minimum of 30-hours must be spent in direct or indirect contact with students. A classroom teacher, site administrator, or district administrator may verify this experience.	Completion of 45-hours as a substitute classroom teacher in an ECE or elementary public school, with a substitute permit, as verified by a district or site administrator.	Completion of 45-hours working as a volunteer . Minimum of 30-hours must be spent in a regular ECE or elementary education classroom with a credentialed teacher. The remaining 15-hours may be spent in an early childhood or elementary- level special education or special services classroom (e.g. SDC, ELL, or literacy-focused). The classroom teacher or site administrator may verify this experience.	Successful completion of any preparation for teaching course(s) which includes field experience with early childhood or elementary students. Please note course number(s) and titles(s) as they appear on your transcripts.	Alternative experience working with children such as tutoring, ABA therapist, teaching in an after-school program, outdoor education instructor, etc. Verification may be from a site administrator or equivalent.
Options 1, 2, 3: School Service must have	e been at the PK-3 for Option 1, 2, or	Ifill the Pre-Profession 3 level and in a public or private 6 3. The number of hours must be	elementary school or in a signed off by the admini	strator/classroom
	District: 			
Dates of Service:				
		acher Verification:certify that the above ostitute, aide, volunteer, tutor, or	-name applicant serve etc.) as stated above.	ed
Printed Name:				
Position:				
Email:		_Phone:	Date:	
*Note: you may submit distr	ict_aenerated time_s	heats in liqu of a signature. Timeshe	ets must delineate the time	snent in the

^{*}Note: you may submit district-generated time-sheets in lieu of a signature. Timesheets must delineate the time spent in the specific job classification and be signed by the supervising administrator. Please attach time-sheets

^{**}Option: Admitted students who meet qualifications have the option to submit documentation of *qualifying work experience for up to* **200 hours clinical practice equivalency**. If you are interested in pursuing this option, you may submit the required form within 30 days of admission. See the LCOE PK-3 Credential Website for details.

<u>Option 4.</u>			
•	·	r TK-8 or ECE setting as part of our underg	
		e: At SJSU, LSTP 185, ChAD 159, and ChA	₹D 160**
fulfill this requirement as l	ong as you completed the field e	xperience component.	
Course (title & number):	Semester:	College:	
Description of fieldwork ex	<u>xperience, including what school</u>	district/grade level if applicable.:	
OD Lwill be or on tak	ing I STD105 ChAD 150 or Ch/	D 160 Note competer/year here:	
	_	AD 160. Note semester/year here: dwork (including school/grade/district):	
ii taking currently, above,	please list the details of your field	awork (including school/grade/district).	
*Note: If the course is other	or than SISILL STD 195 ChAD 1	59 or ChAD 160, attach the syllabus reflec	ting the
	icluding fieldwork requirements.	39 of CHAD 100, attach the syllabus reflec	ung une
	•	umentation of <i>qualifying early childhood</i>	
		o 200 hours of clinical practice equivalency.	If you are
		ired form within 30 days of admission. See	
PK-3 Credential Website for de		incu form within 30 days of admission. Occ	tric <u>LCOL</u>
THE OFECENTIAL WEDSIG	Julio.		
Option 5:			
	been at the preK-8 level and in a so	chool or alternate setting to be considered as	
		t be signed off by the supervisor/administrator.	
	•	5 , ,	
School/Organization/Setting	ng:		
•			
Position:		Grade level/ages:	
		-	
Dates of Service:		_	
Drief Decembras of work	with abildran.		
Brief Description of work v	<u>with children.</u>		
Administrator/Sune	ervisor Verification:		
Administration Gupt	or victor vormounom.		
I (name)	certify that	the above-name applicant served	
hours in working with child	tren as stated above	the above-name applicant served	
riours in working with child	iren, as stated above.		
Signature:			
D' (IN			
Printed Name:			
Position:			
E		5 .	
Email:	Phone:	Date:	

Ontion 4:

^{*}Note: you may submit official time-sheets in lieu of a signature. Timesheets must delineate the time spent in the specific job classification and be signed by the supervising administrator. Please attach time-sheets