

# TRANSITIONAL KINDERGARTEN (TK) VERIFICATION OF EDUCATOR EXPERIENCE

Please complete the following form verifying the Transitional Kindergarten work experience for the individual named below. This form should be placed in the below individuals personnel file to verify that this teacher had Transitional Kindergarten eligible students in their classroom/care when employed by the School District.

## TRANSITIONAL KINDERGARTEN ELIGIBLE AGE RANGE

(any one of the below)

- |                          | SCHOOL YEAR           | TRANSITIONAL KINDERGARTEN |
|--------------------------|-----------------------|---------------------------|
| <input type="checkbox"/> | 2012-2013 School Year | November 2 – December 2   |
| <input type="checkbox"/> | 2013-2014 School Year | October 2 – December 2    |
| <input type="checkbox"/> | 2014-2015 School Year | September 2 – December 2  |



Last Name	First Name	Middle Name	Maiden Name	
Street Address		City	State	Zip Code
Social Security Number				

PROFESSIONAL EDUCATOR (TK-K) EXPERIENCE (to be completed by former employer)				
School district or institution <input type="checkbox"/> public <input type="checkbox"/> private	Beginning date of service (mo/day/yr)	Ending date of service (mo/day/yr)	Total hours worked per week <input type="checkbox"/> full time <input type="checkbox"/> part time	Position title (e.g. Kindergarten teacher, Transitional Kindergarten teacher)

I certify that this verification omits leave of absence periods and that all information is complete and correct according to the official records of the designated school district or institution.

Signature of Superintendent or Designee	Date	Address
Title	Telephone	City/State/Zip Code
School District		

**Please return this form to:**  
The Human Resources Department