



To be completed by applicant:

Name _____ Date of Birth _____

Email Address _____ Phone _____

Before applying for acceptance into the professional program, you are required to complete a total of **forty (40) hours** of experience in public school settings. **Thirty (30) hours** of this experience must consist of observations of *students with disabilities in special or general education settings*; **ten (10) hours** of experience must be done in *general education* settings.

These observations might consist of:

1. Direct observation of students
2. Shadowing of administrator or related services staff member
3. Tutorial/aide/paraprofessional/volunteer worker

- **A principal or person supervising your experience must complete and sign below.**
- **You may need to complete more than one of these forms.**
- **Upload the completed form to your Professional Program application in Taskstream.**

To be completed by principal or supervisor:

I certify that the above-named person has completed (*check one or both of the following*):

_____ **Thirty (30) hours** of experience with *students with disabilities in special or general education* settings.

_____ **Ten (10) hours** of experience in *general education* setting.

Signature of Principal or Supervising Person: _____

Printed Name _____ Date _____

Title: _____

School and District: _____

Email Address _____ Phone _____