



VERIFICATION OF TEACHING EXPERIENCE

Master of Arts in Education
Option in Early Childhood Education
California State University, Long Beach

APPLICANT INFORMATION

First Name: _____ Last Name: _____
Phone #: _____ Email Address: _____

DURATION OF TEACHING EXPERIENCE

The above applicant has been a successful teacher of young children under my supervision for (specify the number of years and start and end dates): _____ number of years, from _____ to _____ [specific dates].

SPECIFIC AGE OR GRADE LEVEL OF STUDENTS

The applicant has worked with the following early education levels (indicate all that apply):

- _____ Infants and Toddlers
- _____ Preschool
- _____ Transitional Kindergarten or Kindergarten
- _____ Primary Grades

MULTICULTURAL SETTING

Did this teaching experience occur in a multicultural setting? _____ Yes or _____ No

Briefly explain the applicants job responsibilities and any additional comments:

Place School Stamp Here

Signature of Authorized Supervisor: _____ Title: _____
Print your Name: _____
School Name: _____
School Address: _____
School Phone Number: _____