Candidate’s Name: ________________________________

Program (check one): □ Multiple Subject □ Single Subject □ Special Education

M/M □ M/S

Instructions:

Below are options to fulfill the pre-admission field experience requirement for entrance into the Multiple Subject, Single Subject or Preliminary Education Specialist Credential Program at Sonoma State University.

Please have an appropriate teacher/administrator complete this form to verify your experience and have it returned to you so that you may submit it with your application to the credential program. Please note: experience does not have to be in a classroom setting to meet the experience requirement.

Section 1 – Please check appropriate box.

☐ 1. Completion of at least 45 hours of experience working with students at the grade level and/or with the special education requirements of the credential you are seeking.

☐ 2. Completion of at least 45 hours of experience as a teacher’s assistant working with students at the grade level and/or with the special education requirements of the credential you are seeking.

☐ 3. Completion of 45 hours of experience as a classroom teacher with an Emergency Permit at the grade level and/or with the special education requirements of the credential you are seeking.

☐ 4. Successful completion of any course or courses which involved field experiences of 45 hours during which you worked with children and or adolescents at the grade level and/or with the special education requirements of the credential you are seeking.

☐ 5. Alternatives to the above are possible. Please contact the Credentials Office for more information.

Section 2 – Site Information and Verifying Signature

School ________________________________ Location ________________________________

Grade Level(s) of verified experience Indicate if RSP, Mild/Moderate or Moderate Severe (Education Specialist Candidates Only)

( ) From: To: ________________________________ Date of service

Verifying Teacher’s/Administrator’s Name Print ________________________________

Verifying Teacher’s/Administrator’s Signature ________________________________ Date ________________________________

Please note: Hours MUST be within the last two years.

rev.5.12.2015