

EARLY FIELD EXPERIENCE VERIFICATION FORM

The Dual Langauge Education Dept requires that applicants for the Bilingual Multiple Subject Credential Program document a minimum of ' \$ hours of direct experience in a U.S. public classroom setting within the past seven years.

Educational objective (please check one): N	Multiple Subject Single Subject	ct
Last name of applicant (please print)	First name (please print)	Date
The person named above has completed K-67-12 (please check one) under from to beginning date ending date	hours of experience with studer er my supervision, during the period	nts:
Number of students: Elementary grad	e level or Single Subject area:	
Name of school:	District:	
Major strengths or skills observed which wo	ould predict teaching success: (List a	and comment)
Signature of Authorized Personnel		
Print name of Authorized Personnel		
Position or Title		
Telephone Number and/or E-mail Address		