

It is your responsibility to send a separate copy of this form to each of your relevant prior employers. You will have **90 days** to ensure your previous employers submit this form to our office. We will not credit any unverified experience.



Accrued Sick Leave _____
(Delaware School Districts Only)

Indian River School District
31 Hosier Street
Selbyville, DE 19975
Phone: (302) 436-1000

Form E: VERIFICATION OF TEACHING EXPERIENCE

Applicant: Complete **TOP** section ONLY, then forward this form to your previous school employer.

This form *must* be mailed by US Mail to the above address.

****Forms submitted directly by the applicant will not be accepted.****

Print NAME: (Last, First, Middle, Maiden)		SOCIAL SECURITY #
ADDRESS:	CITY:	STATE/ZIP:
SCHOOL(S) IN WHICH I TAUGHT:		
<u>APPLICANT SIGNATURE:</u>		<u>DATE:</u>

Superintendent or Personnel Officer: *Please verify employment and performance for the applicant*

APPLICANT HAS RECEIVED Two Or More SATISFACTORY SUMMATIVE EVALUATIONS: YES: _____ NO: _____							
According to Regulation 1511 Issuance and Renewal of Continuing License: The educator may demonstrate three (3) years of successful teaching experience by submitting documentation to the Department of a minimum of three (3) years of teaching experience and by having received at least two (2) satisfactory evaluations from the other jurisdiction that the Department finds are the equivalent of the two (2) satisfactory summative evaluations required by Delaware Educators.							
Print NAME of Superintendent or Personnel Officer and Title:				<u>OFFICER SIGNATURE:</u>		<u>DATE:</u>	
DISTRICT NAME and ADDRESS:						PHONE#:	
EMPLOYED: FROM M/D/Y	TO M/D/Y	# OF DAYS TAUGHT	# OF DAYS IN SCH YR.	FULL TIME ?	PART TIME ?	GRADE LEVEL(S)	SUBJECT(S)

EMPLOYER: Please mail to IRS D at the above listed address. ****Forms submitted directly by the applicant will not be accepted.****