

### **Authority for Data Collection:**

Texas Education Code § 21.055

### Planned Use of the Data:

Evaluate expertise in assignment area based on full-time wage earning professional experience for School District Teaching Permit approval.

#### Instructions:

- 1. Teaching assignment candidate must complete this form.
- 2. Authorized certified school administrator verifies experience and license(s)
- 3. Attach the Verification of Professional Experience along with the School District Teaching Permit application, official transcripts, copies of professional licensure of industry certificates and criminal history to:

Texas Education Agency
Educator Certification
5-100-Attention: School District Permits
1701 North Congress Avenue
Austin, TX 78701-149

If you have questions, please contact the Texas Education Agency at 1-512-936-8400 extension 2 First Name Last Name Initial TEA ID **Phone Number** State Address City Zip Code Email Date of Birth Section A - Title of specific subject areas for which you wish to qualify Trade and Industrial Education Health Science Technology Other List specific work approval area(s) for which this SOQ is being submitted (Examples: Automotive Technician, Cosmetology, or Law Enforcement: Section B - Education; Applicants may be required to provide proof of diploma, degree, or transcripts. Indicate Highest Grade Completed: 11 College 9 10 12 Technical, Vocational or Business School Expected Name and Location Sem/Clock Hours Type of Diploma Major/Minor Date Dates From Dates To Graduation Graduated Completed Fields of Study of School or Degree Date



| Section B, continued   |                                   |                   |                   |   |                                       |                              |                                |  |
|--|-----------------------------------|-------------------|-------------------|---|---------------------------------------|------------------------------|--------------------------------|--|
| Undergraduate Colleges or Universities                       |                                   |                   |                   |   |                                       |                              |                                |  |
| Name and Location of School                                  | Dates From                        | Dates To          | Date<br>Graduated | Expected<br>Graduation<br>Date  | Sem/Clock Hours<br>Completed          | Type of Diploma<br>or Degree | Major/Minor<br>Fields of Study |  |
|  |                                   |                   |                   |   |                                       |                              |                                |  |
|  |                                   |                   |                   |   |                                       |                              |                                |  |
| <b>Graduate Schoo</b>  | ls                                |                   |                   |   |                                       |                              |                                |  |
| Name and Location of School                                  | Dates From                        |                   |                   | Expected<br>Graduation<br>Date  | Sem/Clock Hours<br>Completed          | Type of Diploma<br>or Degree | Major/Minor<br>Fields of Study |  |
|  |                                   |                   |                   |   |                                       |                              |                                |  |
|  |                                   |                   |                   |   |                                       |                              |                                |  |
| Section C - License require current lice practitioner in one | nsure, certifica                  | ation, or registr | ation by a sta    | te or national  | ly recognized accre                   | editing agency as a          |                                |  |
| License/Certification<br>(R.N., Attorney, etc)               |                                   | Date Issued       | Date Expires      | Issued by/Location of Issuing Authority (State or other Authority (City, State) |                                       | License Number               |                                |  |
|  |                                   |                   |                   |   |                                       |                              |                                |  |
|  |                                   |                   |                   |   |                                       |                              |                                |  |
|  |                                   |                   |                   |   |                                       |                              |                                |  |
|  | aining or skill<br>any training o | s you possess     | and machin        |   | nent you can use.<br>nat you have com |                              |                                |  |



| , ,                           | ar of full-time expe  |           | wage-earning e                      |                |                  |              |           |  |
|-------------------------------|---|-----------|-------------------------------------|----------------|------------------|--------------|-----------|--|
| Employment His                | tory Related to th  | e Assignm | ent (attach add                     | itional sheets | if necessary)    |              |           |  |
| Position Title                |   |           | Employer                            | Employer       |                  |              |           |  |
| Mailing Address               |   |           | City                                | Stat           | e                |              | Zip Code  |  |
| Employer's Phone Number Imr   |   |           | Immediate Supervisor Name and Title |                |                  |              |           |  |
| Full-Time Summer Average numb |   |           | umber of hours w                    | orked per week | Starting Date    | Leaving Date |           |  |
|                               | -<br><b>Work Personally F</b><br>quipment operated<br>vised). |           | •                                   | rformed, and s | upervisory exper | ience (      | number of |  |

### Part-Time Temp/Project Trade or Skilled Work Personally Performed by You.

Summer

Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

Average number of hours worked per week

**Employer** 

Immediate Supervisor Name and Title

City

State

Starting Date

**Position Title** 

**Mailing Address** 

Full-Time

**Employer's Phone Number** 

Zip Code

Leaving Date

# School District Permit-Verification of Professional Texas Education AGENCY



| Section E - Employment                 | History continu  | ued                        |   |               |        |                         |               |  |
|--|------------------|----------------------------|---|---------------|--------|-------------------------|---------------|--|
| Position Title                         |                  |                            | Employer  |               |        |                         |               |  |
| Mailing Address                        |                  |                            | City State  |               | State  |                         | Zip Cod       |  |
| Employer's Phone Number Ir             |                  |                            | mmediate Supervisor Name and Ti                                   |               |        | e                       |               |  |
| Full-Time Summer Average               |                  | rage numbe                 | ge number of hours worked per week   Starting Date   Leaving Date |               |        |                         |               |  |
| Part-Time Temp/Project                 |                  | _                          |   |               |        |                         |               |  |
| employees supervised).                 | low the page of  |                            |   | lified to so  |        | . tu a a a a alima a va |               |  |
| References: Indicate be<br>experience. | low the names (  | or three po                | ersons qua  | ilified to co | mmen   | it regarding yo         | ur wage-earni |  |
| Name                                   | Address          |                            |   | Phone Number  |        | Occupation              |               |  |
| Name                                   | Address          |                            |   | Phone Number  |        | Occupation              |               |  |
| Name                                   | Address          |                            |   | Phone Number  |        | Occupation              |               |  |
| 2. I understand a                      | n, teaching expe | erience, an<br>und in this | nd occupat<br>Statemen  | ional exper   | ience. |                         | _             |  |
| Name                                   |                  |                            |   |               |        |                         |               |  |
| Applicant's Signature                  |                  |                            | Date  |               |        |                         |               |  |
|  |                  |                            |   |               |        |                         |               |  |
|  |                  |                            |   |               |        |                         |               |  |



| <b>Section F - Texas Independent School District Verific</b> <i>To be completed by the certified school administrator school subject area to be taught</i> | ration and Approval  pool district teaching Permit professional experience verification |
|--|---|
| "I have reviewed the experience and qualification represed<br>for employment in the following Career and Technical pr                                      |   |
| ☐ Health Science Technology  | ☐ Trade and Industrial Education  |
| ☐ Other  |   |
| List specific work approval area(s) for which this SOQ is<br>Cosmetology, or Law Enforcement)  | being Submitted (Examples: Automotive Technician,                                       |
| Copy of professional license and/or industry certificate   | Attached  |
| Total number of years work experience in the areas indi  | icated above.   |
| Name of Certified Administrator  | TEA ID Number of Certified Administrator  |
| Signature of Certified Administrator   | Date  |