## **Verification of Educator Experience for Test Exemption**

This form will not be returned or forwarded



Educator Information -To be completed by the educator Enter your information as it appears in your TEA educator account (ECOS).									
Last Name	Firs	t Name		Initial					
Address	City	/	State	Zip code					
Experience Information -To be completed by Human Resources staff from the employing school district (do not include service for future dates)									
Name and location of school									
State		Country							
Indicate type of school, please select option 1 or 2, not both									
I. Is this a public or private school?  Public Private									
2. If the school is operated under the <b>British system</b> please indicate government or public school.  Government  Public									
Classroom Teaching Experience									
I confirm that the educator has <b>completed</b> at least 1 year (180 Year service began Year service ended days) of full-time wage-earning classroom teaching experience or 2 years of experience of at least 50% of the day.									
If service is for less than 1 year, please indicate the completed number of days, below.									
Administrative Experience: Assistant Principal, Principal, or Superintendent experience only (do not include assistant superintendent experience)									
I confirm that the educator has <b>completed</b> at least 2 years (180 days per year) of full-time wage-earning experience, or 4 years of experience of at least 50% of the day in the field or fields indicated below.									
Assistant Principal or Principal experience  Year service Year service began ended		Superintendent experience (do not include assistant superintendent experience)	Year service began	Year service ended					
If service is for less than 2 years, please indicate the completed number of total days for each year, below.									

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Student Services Exper Specialist	ience: School Co	unselor, Schoo	l Librarian, Educational	Diagnostician, I	Reading				
I confirm that the educator has <b>completed</b> at least 2 years (180 days per year) of full-time wage-earning experience, or 4 years of experience of at least 50% of the day in the field or fields indicated below.									
School Counselor experience	Year service began	Year service ended	School Librarian experience	Year service began	Year service ended				
Educational Diagnostician experience	Year service began	Year service ended	Reading Specialist experience	Year service began	Year service ended				
If service is for less than 2 years, please indicate the completed number of total days for each year, below.									
Authorized Signature									
Print title and name of authoriz	zed Human Resources	official (required)	Signature of authorized Hun	nan Resources offici	al (required)				
The organization's official stamp must be included on the form if service from outside of the United States is reported. For public schools, the country's Department of Education is the organization official stamp.  Please do not return this form to the educator. TEA will not accept forms directly from the educator.									
If service is from another Texas Education Agence 1701 North Congress A WBT 5-100 Austin, TX 78701	у	n will only be ac	ccepted by mail. Please ma	ail to:					