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	st Name	Initial						
Address	City	у	State	Zip code					
Experience Information -To be completed by 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									
1. Is this a public or private school?				ublic Private					
2. If the school is operated under the British system please indicate government or public school. Government Public									
Classroom Teaching Experience									
I confirm that the educator has completed 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 (do not include assistant superintendent experience	-	l, or Superintendent expe	rience only	1					
I confirm that the educator has completed 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 con	nple	ted number of total days fo	r each year,	, below.					

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	lent Services Experie cialist	ence: School Co	unselor, Scho	ol Librarian, Educational	Diagnostician, I	Reading	
			-	t 2 years (180 days per yea 6 of the day in the field or			
	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 se	rvice is for less than 2	years, please inc	licate the com	pleted number of total da	ys for each year, b	pelow.	
Autl	norized Signature						
Print title and name of authorized official (required) Signature of authorized official						fficial (required)	
Plea	reported. For public	schools, the cou	intry's Depart	n the form if service from ment of Education is the	organization off	icial stamp.	
		d or emailed us	ing the butto	n below. Please mail to:	Texas Educat	ion Agency	
	rification is from anot				1701 North C		
this form will only be accepted by mail.)					WBT 5-100		
					Austin, TX 7	8701	