



Form E: VERIFICATION OF TEACHING EXPERIENCE

Applicant: Complete top portion and send to previous employer/school district.

Name (Last, First, Middle, Maiden)			SOCIAL SECURITY #		
ADDRESS			CITY		STATE & ZIP
SCHOOL IN WHICH I TAUGHT:					
APPLICANT SIGNATURE					DATE

Superintendent or Personnel Officer: *Please verify employment and performance for the applicant and list each school year separately.*

From MM/DD/YYYY	Employed to MM/DD/YYYY	# of Days in School Year	# of Days Actually worked	Full Time	Part Time List Hrs. per week	Grade Level	Subject

HAS THE APPLICANT 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.

Name of Superintendent of Personnel Officer	Title
Email Address	Phone Number
District Name and Address	
Signature	Date

Please email to Julie.Gonzalez@RedClay.K12.DE.US or HR@RedClay.K12.DE.US

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

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