

*Virginia Department of Education
 Department of Teacher Education and Licensure
 PO Box 2120
 Richmond, VA 23218-2120*

October 2020

REPORT ON EXPERIENCE

DIRECTIONS: A report verifying experience must be completed by the appropriate public school division or accredited nonpublic school official if the applicant for initial licensure has had a total of at least one year of full-time, contractual teaching experience or held other professional positions in a public school or accredited nonpublic school. The completed form must be submitted to this office by the applicant along with all other items required for licensure or to the Virginia school administrator with whom the applicant has accepted employment.

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|----------------------------------------------------------|------------|-------------|------------------------|
| Last Name | First Name | Middle Name | Suffix (Jr., Sr., III) |
| Social Security Number _____ or Virginia License # _____ | | | |
| Address of Applicant (Street or P. O. Address) | | | |
| City, State, Zip Code | | | |

| NAME OF PUBLIC SCHOOL OR ACCREDITED NONPUBLIC SCHOOL (Please report only full-time, contractual teaching experience in a public or accredited nonpublic school. Experience as a substitute teacher or aide should not be listed.) | POSITION HELD | GRADE LEVEL <u>AND</u> SPECIFIC SUBJECT TAUGHT (For special education assignments, please specify population served) | LENGTH OF SERVICE (MONTH/YEAR TO MONTH/YEAR) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
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Total number of years of full-time teaching experience:

Total number of years of full-time experience in administration and/or supervision:

Total number of years of full-time experience in a pupil personnel services area (school counselor, psychologist, social worker, vocational evaluator):

By my signature, I verify that the above-named person was successfully employed full-time, under contract in the public schools or accredited nonpublic school(s) and for the period(s) listed above.

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|-----------------------------------------------------------------------------------|----------------------------------------------|
| SIGNATURE: | DATE (Month/Day/Year): |
| NAME: Tanya Andreas | PHONE NUMBER: 757 - 881-5061 |
| TITLE: Licensure Coordinator | EMAIL ADDRESS: tanya.andreas@nn.k12.va.us |
| DIVISION/ACCREDITED NONPUBLIC SCHOOL: Newport News Public Schools | |
| ADDRESS (STREET, CITY, STATE, ZIP): 12507 Warwick Blvd, Newport News, VA 23606 | |