



INSTRUCTIONS TO PRESENT OR FORMER EMPLOYER:
 Complete this form and return at your earliest opportunity to the Wisconsin Master Educator Assessment Process Applicant listed in the I. Applicant Information section. The applicant **must** submit this verification with her or his application.

Collection of this information is a requirement of PI 34.19(2).

I. APPLICANT INFORMATION
Applicant completes this section and forwards to administrator

| | | | |
|-----------------------------------|---------------------------|--|--|
| Legal Name Last, First, Initial | | Employment Dates From Month/Year To Month/Year | |
| Six-Digit ELO Entity Number | Date of Birth Mo./Day/Yr. | Current Position Held | |
| Name of Employing School/District | | Location of Employment | |

II. VERIFICATION BY EMPLOYER

EMPLOYER: Check your records to verify that the above applicant has been successfully employed in your district in one of the following official capacities. Check the specific field based on the applicant's contract(s), list dates (month/year to month/year) and FTE (full-time equivalency).

| Administration | Teaching | Pupil Services |
|---|---|--|
| <input type="checkbox"/> Director of Instruction From To FTE | <input type="checkbox"/> Adaptive Education From To FTE | <input type="checkbox"/> School Nurse From To FTE |
| <input type="checkbox"/> Director of Special Educ. & Pupil Services From To FTE | <input type="checkbox"/> Adaptive Physical Education From To FTE | <input type="checkbox"/> School Psychologist From To FTE |
| <input type="checkbox"/> Instructional Library Media Supervisor From To FTE | <input type="checkbox"/> Assistive Technology From To FTE | <input type="checkbox"/> School Social Worker From To FTE |
| <input type="checkbox"/> Instructional Technology Coordinator From To FTE | <input type="checkbox"/> Speech and Language Pathology From To FTE | |
| <input type="checkbox"/> Principal From To FTE | <input type="checkbox"/> Computer Science From To FTE | |
| <input type="checkbox"/> Reading Specialist From To FTE | <input type="checkbox"/> Dance From To FTE | |
| <input type="checkbox"/> School Business Administrator From To FTE | <input type="checkbox"/> Psychology From To FTE | |
| <input type="checkbox"/> School District Administrator or Superintendent From To FTE | <input type="checkbox"/> Theatre From To FTE | |
| <input type="checkbox"/> Career and Technology Education Coordinator From To FTE | | |

III. SIGNATURE

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate and the above-mentioned educational employment was successful.

| | | |
|----------------------------|----------------------------|-------------------------|
| Name of Employer | Name of School or District | Employer Phone Area/No. |
| Signature of Employer ➤ | Title | Date Signed Mo./Day/Yr. |