



This form is available at: <http://dpi.wi.gov/tepd/elo/supplementary-forms>

**Instructions for the Applicant:** Complete Section I below. Have the school district, CESA, EPP, or DPI-approved substitute teacher training provider complete the Section II and Section III of the form with signature.

**Instructions for Substitute Teacher Training Provider:** Complete Section II and Section III below, sign, and return to applicant.

**SECTION I  
APPLICANT INFORMATION**

Legal Name *Last, First, Middle*

Social Security Number\* *Last 4 Digits Only*

Other / Previous Names

**SECTION II  
SUBSTITUTE TEACHER VERIFICATION**

The applicant listed above in Section I has completed all the following requirements, listed below, for Substitute Teacher Training:

- Basic school district and school policies and procedures.
- Age-appropriate teaching strategies.
- Discipline, conflict resolution, and classroom management techniques.
- Health and safety issues, including handling medical emergencies.
- Techniques for starting a class.
- The culture of schools and the teaching profession.
- Working with lesson plans.
- Working with children with disabilities, including confidentiality issues.

Completion Date of Substitute Teacher Training

**SECTION III  
SUBSTITUTE TEACHER TRAINING PROVIDER INFORMATION**

School District / CESA/EPP / DPI-Approved Substitute Teacher Training Provider

Name of Authorized Signer (Printed) *First and Last Name*

Email Address of Authorized Signer

**SIGNATURE**

**I ATTEST** that the educator listed above has completed all requirements of the substitute teacher training.

Signature of Authorized Signer

Date Signed *Mo./Day/Yr.*



\*Collection of social security number is a requirement of s.118.19(1m) and 1(r). It is used solely for validation purposes and will not be released without written permission.