



INSTRUCTIONS TO APPLICANT: Attach to Initial Reimbursement Grant Application or Annual Grant Application.

INSTRUCTIONS TO EMPLOYER: Complete pages 1 and 2. Return application to applicant.

This form is available at dpi.wi.gov/tepd/programs/nbpts-reimbursement-grant or dpi.wi.gov/tepd/programs/wmeap-reimbursement-and-grant

To the Applicant: Complete Section I of this form (print or type) and forward it to your district administrator or personnel director for completion.

I. APPLICANT INFORMATION		
Applicant Name <i>Last, First, Middle</i>	Previous Name	DPI Educator Entity Number
Name of Employing School District / Agency / Private School		

II. EMPLOYMENT HISTORY

To the Employer: Complete Sections II, III, and IV of this form and return to the applicant.

This employment verification relates to PI 37 National Teacher Certification or Wisconsin Master Educator License. The following definitions apply:

PI 37.02 (7) "Teacher" means properly licensed persons delivering instruction to pupils; or school psychologists, school counselors, or school social workers. Teacher does not include a person working under contract as an administrator.

PI 37.02 (2) "Employed as a teacher" means a person working as a teacher for a minimum of 40 percent full-time equivalency for at least 180 days in a school year.

Total days during the 2018-19 school year this applicant is "employed as a teacher" for your school district / agency/ private school:	Total Days
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If applicant is employed at multiple schools in the district, please complete as many columns as necessary to represent all schools.

A. School Employed At	B. School Employed At	C. School Employed At
A. "Teacher" position at this school	B. "Teacher" position at this school	C. "Teacher" position at this school
<input type="checkbox"/> Teacher _____ FTE <input type="checkbox"/> School Counselor _____ FTE <input type="checkbox"/> School Social Worker _____ FTE <input type="checkbox"/> School Psychologist _____ FTE	<input type="checkbox"/> Teacher _____ FTE <input type="checkbox"/> School Counselor _____ FTE <input type="checkbox"/> School Social Worker _____ FTE <input type="checkbox"/> School Psychologist _____ FTE	<input type="checkbox"/> Teacher _____ FTE <input type="checkbox"/> School Counselor _____ FTE <input type="checkbox"/> School Social Worker _____ FTE <input type="checkbox"/> School Psychologist _____ FTE
Is this "teacher" working under contract as an administrator in any of these positions? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is this "teacher" working under contract as an administrator in any of these positions? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is this "teacher" working under contract as an administrator in any of these positions? <input type="checkbox"/> No <input type="checkbox"/> Yes

III. EDUCATOR EFFECTIVENESS SYSTEM RATING

School Year Applicant Received National Teacher Certification by NBPTS Initial Reimbursement or Master Educator License by WMEAP Initial Reimbursement Grant:	School Year
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Applicants who received the National Teacher Certification by NBPTS Initial Reimbursement or Master Educator License by WMEAP Initial Reimbursement grants in the 2014-15 school year and thereafter, are required to provide annual verification of being "effective or highly effective" in the Educator Effectiveness System as part of the Initial and Annual Grant application process.

Rating of "effective or highly effective" means a score of equal to or greater than 2.5 in both the educator practice outcome summary and the student outcomes summary or, if the person has not had an initial evaluation, the person is in the process of being evaluated.

Has the applicant had a rating in the applicable Educator Effectiveness system?

- Yes, *If yes, has the applicant been rated, based on the definition above, effective or highly effective?* Yes No
- In the process of being evaluated.
- Not required to be evaluated in the applicable Educator Effectiveness System.

IV. VERIFICATION BY EMPLOYER

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate.

Name of School District or Employer

Street

City, State, ZIP Code

Signature of District Administrator or Personnel Director *Must be original—blue ink, not a copy.*

Date Signed *Mo./Day/Yr.*



Title

Email

Employer Phone *Area/No.*