CYPRESS FAIRBANKS
INDEPENDENT SCHOOL DISTRICT
Learn ● Empower ● Achieve ● Dream

Special Education – Mark **Henry Administration Building**

11440 Matzke Road Cypress, TX 77429
Ph: 281-897-6477

_____
Name of Previous Employer

_____
Address (Street & Number)

_____
City State Zip

To Whom It May Concern:

I have been employed by the Cypress-Fairbanks Independent School District and need a record of my experience so I may receive credit for salary purposes.

I have listed my experience on the attached form. Please have the authorized person complete and verify each year of service and return to me.

Your cooperation will be greatly appreciated.

Sincerely,

_____
Signature

_____
Address (Street & Number)

_____
City State Zip

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Special Education - Instructional Support

Center/South
11440 Matzke Road Cypress, TX 77429
Ph: 281-897-6400 Fax: 281-897-6403

GUIDELINES FOR AWARDING CREDIT FOR PRIOR SPEECH THERAPY SERVICE OUTSIDE OF PUBLIC SCHOOLS

Following are criteria which must be met for Cypress-Fairbanks ISD to accept or credit prior speech therapy toward total years of experience:

- Full-time, full-year, direct speech therapy services
- Service provided in a clinic, private school/practice or other private facility
- Experience must be verifiable by service or employment record
- Credit will not be given for substitute therapy services, clinical practicum, or service as an aide, student assistant or teaching fellow
- Credit for experience may not be granted from more than one entity in any given academic year

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Dear Speech/Language Pathologist:

The attached form letter is to be used to request your prior speech therapy service record for experience outside of the public school setting.

Please complete this form showing your full name, social security number. Every column must be completed. No more than one year of experience can be shown on one line or earned during one calendar year. In addition, it is very important that column #7 reflect the actual number of days worked that year (not the days worked per week).

Mail this form to your previous employer for the authorized personnel representative's signature and title in column 9 (this person must sign off on each line for as many years as are completed on the form).

When you receive the completed form back, please sign and send to my attention at the address above.

Please call if you have any questions regarding this process and I will be happy to assist you.

Thank you,

Kelly Mock, M.S. CCC-SLP
Coordinator for Speech Language Pathology

Speech Therapy Service Record

FOR VERIFICATION OF SERVICE OUTSIDE OF PUBLIC SCHOOLS

NOTE:

Do not give credit for substitute therapy, clinical practicum, or service as an aide, student assistant or teaching fellow.

Credit for experience may not be granted from more than one entity in any given academic year.

USE A SEPARATE LINE FOR EACH YEAR.

This is a legal document; erasures, ditto marks, paper corrections and stamped signatures are not acceptable.

Name _____
(Last) (First) (MI)

Social Security Number _____

_____
Written Signature of Speech/Language Pathologist

……

(1) Year	(2) State	(3) County	(4) Clinic, Hospital or Private Facility	(5) Age Level of Clients Served	(6) % Day Employed 50%=Half day 100%=Full day	(7) No. Days Worked	(8) Beginning Work Date Mo Day Yr	(8) Ending Work Date Mo Day Yr	(9) Signature of Director or Personnel Administrator (each line)

Printed Name of Person
Verifying Experience: _____ Title: _____

Address: _____

City, State: _____

Phone (_____) _____

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