

FORM E VERIFICATION OF TEACHING EXPERIENCE

Section I- To Be Completed By Educator

Name (Last, First, Middle, Maiden)		SOCIAL SECURITY #
ADDRESS	CITY	STATE & ZIP
SCHOOL DISTRICT IN WHICH I TAUGHT:		
APPLICANT SIGNATURE		DATE

Section I- To Be completed by Previous Employer

From MM/DD/YYYY	Employed to MM/DD/YYYY	# of Days in School Year	# of Days Actually worked	Full Time	Part Time List Hrs. per week	Grade Level	Subject

*****List each year separately to receive credit. Please use page two for additional years.*****

HAS THE APPLICANT RECEIVED TWO OR MORE SATISFACTORY SUMMATIVE EVALUATIONS: YES ☐ NO ☐

According to Regulation 1511 Issuance and Renewal of Continuing License: The educator may demonstrate three (3) years of successful teaching experience by submitting documentation to the Department of a minimum of three (3) years of teaching experience and by having received at least two (2) satisfactory evaluations from the other jurisdiction that the Department finds are the equivalent of the two (2) satisfactory summative evaluations required by Delaware Educators.

EMPLOYER CERTIFICATION

Name of Superintendent or Personnel Officer	Title
Email Address	Phone Number
District Name and Address	
Signature	Date

Please email to Julie.Gonzalez@RedClay.K12.DE.US or HR@RedClay.K12.DE.US

****Forms received by the applicant will not be accepted.****



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How to complete Form E

Section I- Educators

The educator must fill and complete Section I. Use only one form per school district. Do not list multiple schools and/or districts on a single form. A valid signature from the educator is required. Send this form to your previous employer via email. Request your employer to return via email and send to Julie.Gonzalez@RedClay.k12.de.us and to include yourself on the email. This will ensure you have a copy of the form for your records. This form should be used for teachers, instructional coaches, nurses, counselors, psychologists, Occupational Therapist, Physical Therapist, Speech Language Therapists, BCBA's, assistant principals, and principals.

Section II – To be completed by previous employers

- Please list each school year worked separately.
- **From and Employed To** dates- List each school year separately or actual days for the beginning and end of the school year in which the educator worked. Employers that employ for 261 days in a 365-calendar year may list employment dates on a fiscal year basis (July to June of the following year).
- **# of Days in School year**- List the days an educator is required to work in the school year or the contractual days required.
- **Full Time or Part Time**- List how many hours a week for part time employment.
- **# of Days actually worked**- Include all days worked and any paid leave of absences. Do not include days in which the educator was docked or unpaid for.
- **Grade Level**- Preschool, Early years, elementary, Middle or Secondary. Use N/A, if applicable. List content. Please list position if not a teacher to reflect a specialist position or any other position that is applicable.
- **Summative Evaluations**- Please indicate if the educator/specialist received 2 or more effective summatives. Out-of-State educators will not receive credit for completed mentoring programs if left blank or unchecked and will be required to complete Delaware's DOE comprehensive induction program upon hire.
- **Employer Certification**- Please complete all fields in this section.
- Use page 2 if necessary
- Send to Julie.Gonzalez@RedClay.k12.de.us