Service Work Experience Form

See “Guidelines for Tutoring Waiver for ED/EL 220” for details regarding experiences that qualify for a waiver.

I verify that __________________ has completed __________________

as _____________________________

during __________________________ at ___________________________,

(street) (city/state/zip) (phone)

The student served in the following capacities while at our facility: (check all that apply)

_____ supervised children __________________________ (ages and brief description of duties)

_____ provided individual instruction ______________________ (ages and brief description of duties)

_____ provided small group instruction ______________________ (ages and brief description of duties)

_____ provided large group instruction ______________________ (ages and brief description of duties)

_____ instructed children with disabilities ____________________ (ages and brief description of duties)

_____ instructed children of diverse backgrounds ________________ (ages and brief description of duties)

_____ instructed children of low SES _________________________ (ages and brief description of duties)

This student’s performance was:

_____ outstanding  _____ satisfactory  _____ unsatisfactory

______________________________  ____________________

Supervisor's signature  (date)

Revised September 2012