



Certificate of Teaching Experience Form For Additional Qualifications for Teachers Courses

Name _____ UWO Student Number _____

Course applied for _____ Session _____

PLEASE CHECK APPROPRIATE BOX AND HAVE YOUR SUPERINTENDENT SIGN BELOW.

Note: Teaching experience **MUST BE COMPLETED** prior to the first day of the course. Incomplete Teaching Experience forms cannot be processed.

PART TWO OF A THREE-PART COURSE

This is to certify that the applicant named above has completed **one** year (194 days) of successful teaching experience. If the applicant is planning to take the Specialist course at Western and has already completed the appropriate experience, you may check below as well. This information will then be kept on file.

SPECIALIST/HONOUR SPECIALIST OR HONOUR TECHNOLOGICAL EDUCATION SPECIALIST COURSES

This is to certify that the student named above has completed **two** years (388 days) of successful teaching experience, of which at least **one** year (194 days of which 110 hours must be regular classroom contact in the subject area) is in Ontario in the following subject area.

Name of Teaching Subject (REQUIRED) _____

NOTE: Where candidates are teaching the subject identified above in an integrated format, supervisory officers may consider experience where a teacher can demonstrate that significant program and instructional modifications were explicitly planned, implemented and reviewed in the teacher's class: Art, Drama, ESL, FSL, Guidance & Career Education, Integration of Information & Computer Tech in Instruction, Music, Reading, Special Education (*OCT Memorandum; July 14, 2004*).

Signature of Supervisory Officer (**not** principal)

Name (printed) of Supervisory Officer

Position of Supervisory Officer

Board of Education

Date

Phone or email

FAX the completed form to 519-850-2526 (original not required).

Continuing Teacher Education
Faculty of Education
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