



SUPERVISED TEACHER VERIFICATION

Name (include maiden): Mr. Mrs. Miss Rev. Dr. _____

Mailing Address: _____ Telephone: _____

City, State, & Zip: _____ Email Address: _____

Grade(s) Taught if Elementary: _____

Grade(s) and/or Subjects if Secondary: _____

SCHOOL INFORMATION

School: _____

Mailing Address: _____ Telephone: _____

City, State, & Zip: _____ Email Address: _____

1. Supervised Teaching: (must be at least 9 weeks)

Dates From: _____ To: _____

Supervised By: _____

2. Formal Observation: Written documentation or a form must be used for observations. An observation form may be requested from SCACS. Three observations are required.

Dates: 1. _____ 2. _____ 3. _____ 4. _____

Supervised By: _____

Name

Title

3. Follow-up Conference: Three conferences are required. Please enclose a copy of format used for conferences.

Dates: 1. _____ 2. _____ 3. _____ 4. _____

Conference with:: _____

Name

Title

Copies of the above observations and follow-up conferences are on file in this teacher's personnel folder in the school office.

Administrator's Signature

Date

RETURN TO:
Enclose \$30.00 Upgrade Fee

Professional Employee Certification Service
615 St. Andrews Road
Columbia, SC 29210