



VERIFICATION OF EMPLOYMENT

THIS VOE FORM IS TO BE COMPLETED BY THE EMPLOYING SCHOOL/DISTRICT

OFFER OF EMPLOYMENT:

THE FOLLOWING INTERN TEACHER CANDIDATE HAS BEEN OFFERED EMPLOYMENT:

INTERN TEACHER CANDIDATE NAME: _____
ACADEMIC YEAR: _____ EFFECTIVE START DATE: _____

DETAILS OF THE POSITION:

SCHOOL DISTRICT: _____
ADDRESS: _____
PHONE: _____ FAX: _____
CONTACT PERSON NAME: _____ POSITION TITLE: _____
CONTACT PERSON EMAIL: _____

SCHOOL SITE: _____
ADDRESS: _____
PHONE: _____ FAX: _____
CONTACT PERSON NAME: _____ POSITION TITLE: _____
CONTACT PERSON EMAIL: _____

SCHOOL TYPE: CHARTER SCHOOL PUBLIC SCHOOL NONPUBLIC SCHOOL PRIVATE SCHOOL

CURRENT MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN EMPLOYER AND ALLIANT? YES NO

PERCENTAGE ON CONTRACT: < 0.6 (60%) 0.6 (60%) 0.7 (70%) 0.8 (80%) 0.9 (90%) 1.0 (100%)

INTERN TEACHER CANDIDATE'S POSITION TITLE: _____

CONTENT AREA: PLEASE INDICATE BOTH AN OVERALL TRACK AS WELL AS A SPECIFIC CONCENTRATION AREA – FOR EXAMPLE: MULTIPLE SUBJECT, CORE

EDUCATION SPECIALIST **DISABILITY AREA:** MILD/MODERATE MOD/SEVERE OTHER: _____

MULTIPLE SUBJECT **CLASSROOM TYPE:** SELF-CONTAINED CLASSROOM CORE

SINGLE SUBJECT **SUBJECT AREA:** _____

GRADE LEVEL: PLEASE INDICATE BOTH AN OVERALL SCHOOL SETTING AS WELL AS A SPECIFIC GRADE LEVEL – FOR EXAMPLE: MIDDLE SCHOOL, GRADES 6, 7, AND 8

ELEMENTARY: TK/K 1 2 3 4 5 6

MIDDLE: 5 6 7 8

HIGH: 9 10 11 12

OTHER: _____

CLASS SIZE (APPROXIMATION IS FINE): _____

CLASSROOM ENVIRONMENT: TRADITIONAL CLASSROOM INDEPENDENT STUDY HOME SCHOOL RSP SDC

STATEMENT OF ASSURANCE: WHILE ENROLLED IN THE ALLIANT TEACHER PREPARATION PROGRAM, TEACHER CANDIDATES WILL BE REQUIRED TO VIDEO RECORD A MINIMUM OF THREE (3) LESSONS EACH TERM FOR THE PURPOSE OF COMPLETING PROGRESS ASSESSMENTS AND EDTPA REQUIREMENTS. I ASSURE THAT THROUGH THIS POSITION, THIS TEACHER CANDIDATE WILL BE ABLE TO VIDEO RECORD SELECT LESSONS FOR THEIR COURSE AND/OR PROGRAM REQUIREMENTS AND THAT THE CANDIDATE WILL HAVE ACCESS TO CONDUCT LESSONS TO **A MINIMUM OF 4 STUDENTS:** YES NO

DISTRICT SUPPORT PROVIDER INFORMATION:

THE DISTRICT SUPPORT PROVIDER (DSP) MUST HAVE A **CLEAR TEACHING CREDENTIAL** IN THE **SAME CONTENT OR DISABILITY AREA** BEING SOUGHT BY THE ABOVE NAMED INTERN TEACHER CANDIDATE:

FULL PRINTED NAME: _____ POSITION TITLE: _____

CREDENTIAL DOCUMENT NUMBER(S): _____

DSP PHONE: _____ DSP EMAIL: _____

VERIFICATION BY HUMAN RESOURCES REPRESENTATIVE:

BY SIGNING THIS FORM, YOU ARE CONFIRMING THAT THE INTERN TEACHER CANDIDATE WILL BE WORKING WITH A **MINIMUM OF 4 STUDENTS** IN THE CLASSROOM.

FULL PRINTED NAME: _____ POSITION TITLE: _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

VERIFICATION BY STANDARD INTERN CANDIDATE:

BY SIGNING THIS FORM, YOU ARE CONFIRMING THAT EVERYTHING ON THIS FORM IS ACCURATE TO THE BEST OF YOUR KNOWLEDGE.

FULL PRINTED NAME: _____ SIGNATURE: _____ DATE: _____