Indian River School District
31 Hosier Street
Selbyville, DE 19975
Phone: (302) 436-1000

Delaware School Districts only:
# of Days of Accrued Sick Leave _____
GPA Step Given _____
Resident Teacher Step Given _____

Form E:
VERIFICATION OF TEACHING EXPERIENCE

Applicant: Complete TOP section ONLY, *then* forward this form to your previous school employer(s).
This form ***must*** be mailed by **US Mail** to the above address **or** emailed ***by your former employing school district*** to:
irsd.personnel@irsd.k12.de.us. ***Forms submitted directly by the applicant will not be accepted.***
Forms sent **after you have held your license for one year or more**
will **not** be accepted for making modifications to your existing license.

This section is to be completed by the Educator		
Print NAME: (Last, First, Middle, Maiden)		SOCIAL SECURITY #
ADDRESS:	CITY:	STATE/ZIP:
SCHOOL(S) IN WHICH I TAUGHT:		
APPLICANT SIGNATURE:		DATE:

Superintendent or Personnel Officer ONLY: *Please verify employment and performance for the applicant***

Print NAME of Superintendent or Personnel Officer and Title:	OFFICER SIGNATURE:	DATE:
DISTRICT NAME and ADDRESS:	EMAIL ADDRESS:	PHONE#:

APPLICANT HAS RECEIVED Two or More SATISFACTORY SUMMATIVE EVALUATIONS

According to Regulation 1511 Issuance and Renewal of Continuing License: The educator may demonstrate four (4) years of successful teaching experience by submitting documentation to the Department of a minimum of four (4) 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.

DATES OF SERVICE: FROM MM/DD/YY	TO MM/DD/YY	# OF DAYS TAUGHT	# OF DAYS IN SCH YR.	FULL TIME Y/N	PART TIME Y/N	**SUMMATIVE EVALUATION**	GRADE LEVEL(S)	SUBJECT(S)
						Satisfactory ☐ Unsatisfactory ☐		
						Satisfactory ☐ Unsatisfactory ☐		
						Satisfactory ☐ Unsatisfactory ☐		