



Added Endorsement Based on an Approved Program Experience Verification Form

Use this form *only* for those seeking an endorsement for Reading Teacher, Reading Specialist, Instructional Technology Specialist

D I R E C T I O N S

Applicant: Print this page and upon completion of the "applicant" section (shaded) below – including your nine-digit social security number and/or your eight-digit Education Identifier (EDID) – forward this form to the school administrator at the location where your experience was completed. Your experience must be verified by each respective administrator. If this experience was in different school districts, you will need to complete one of these forms for each district administrator. Upload a copy of this (or any additional) signed form into your application **prior** to submission to CDE.

District Administrator: Please complete the "Employer" section below in its entirety after verifying the information provided by the applicant and return this signed form either in hardcopy format or electronically to the applicant. If you know of any reason that this applicant should not teach in Colorado schools based on professional incompetence or unethical behavior, please notify the Supervisor of Educator Licensing in writing to the address at the top of this form.

To be completed by the Applicant

* Required Field by Applicant

Select the type of added endorsement you are applying: * (choose only ONE type)

Reading Teacher
2+ years of licensed teaching experience is required.

Reading Specialist
3+ years of licensed teaching experience is required.

Instructional Technology Specialist
3+ years of licensed teaching experience is required.

Last Name* First Name* Middle Name Date of Birth*

List any Previous Names Used* Contact Daytime Phone* Email Address*

None

Mailing Street Address* City* State* Zip*

Social Security Number* (last 4) **AND / OR*** Education Identifier EDID (leave blank if none or if unknown)

List all full-time and part-time teaching K-12 experience you have completed in the requested endorsement area. List the most recent experience first. Attach a separate page for additional experience, if applicable.

Grades Taught*	Subject Area*	Employment Dates*				District*	District City*	State*	Full-Time*	Part-Time*
		Month	Year	To	Month					
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

To be completed by the Employer

1 Have you verified that, to the best of your knowledge, the above information is correct? Yes No

2 Do you know of any reason the applicant should not teach in Colorado schools? Yes* No
*If "yes," please send a brief statement of explanation to the Educator Licensing Supervisor at the address above.

District Administrator

School District

Street Address City State Zip Phone Number

School Administrator Name (printed or typed) Title Date

School Administrator Signature Administrator Contact email address