

### PRINCIPAL VERIFICATION OF EXPERIENCE

#### Experience Requirements

Per 23 Illinois Administrative Code, Part 30, Section 30.70, Candidates **admitted** to a principal preparation program must have at least **two years'** experience as a teacher or school support personnel.

Per 23 Illinois Administrative Code, Part 25, Section 25.337, Candidates in a principal preparation program must have at least **four years'** experience as a teacher or school support personnel **to be entitled**. Given this, as the institution through which this applicant is applying, we must verify his/her teaching/school support personnel experience.

A candidate may qualify for the principal endorsement with fewer than 4 years of experience upon presentation of certain performance evaluation ratings that incorporate data and indicators of student growth.

- 1) A candidate may qualify with three years of experience if he or she has received at least a "proficient" performance evaluation rating in his or her three annual performance evaluations conducted.
- 2) A candidate may qualify with two years of experience if he or she has received an "excellent" performance evaluation rating in his or her two annual performance evaluations conducted.

#### Confirmation of Experience

A separate sheet should be used for reporting the experience in each school (if more than one school is needed to fulfill the experience requirement) and each sheet must be signed by an official (Superintendent, Asst. Superintendent, Principal, or Director of Personnel) of the school in which the experience occurred. If available, emboss the completed form with the imprint of the seal of the school or district **OVER THE ORIGINAL SIGNATURE**. The completed form should be returned to the applicant for inclusion with their application packet.

Applicant's Name: \_\_\_\_\_ IEIN \_\_\_\_\_

This applicant named above has served \_\_\_\_\_ years full-time from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

in the school (s) of \_\_\_\_\_  
(district # or other designation) (City) (State)

as a **(CHECK ONE)**     Teacher     School Psychologist     School Nurse  
                   School Social Worker     School Counselor     Speech Language Pathologist – non teaching

Type of endorsement held if applicable (including license number if applicable): \_\_\_\_\_

If candidate wishes to receive entitlement based on fewer than 4 years of experience per information above, evidence of the proficient or excellent ratings must be attached.

**The information below must be provided to complete application.**

\_\_\_\_\_  
(date)

(seal, if available)

\_\_\_\_\_  
(legal name of school)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(Original Signature of authorized official)

\_\_\_\_\_  
(city) (state)

\_\_\_\_\_  
(print or type name of official)

\_\_\_\_\_  
(telephone number)

\_\_\_\_\_  
(print or type title of official)