

Faculty of Education, Wilfrid Laurier University

Confirmation of Teaching Experience Form – Pt. 2 and Specialist AQ Courses

Please complete this form and forward it to your supervisory officer for signature. **Completed forms must be submitted to the AQ office prior to the first day of your course.**

NAME OF APPLICANT: _____

SCHOOL AND BOARD WHERE EMPLOYED: _____

COURSE NAME: _____ SESSION: _____

For this purpose a Supervisory Officer is defined as follows:

- (a) For a teacher employed by a school board in Ontario, the Supervisory Officer is a Superintendent or Assistant Superintendent of the Board. A Principal's signature does not satisfy this requirement.
- (b) For a teacher employed by a private school or First Nations Education Authority in Ontario, the Supervisory Officer is the Ministry of Education official appointed to provide supervisory services for the school. A Principal's signature does not satisfy this requirement.

Teaching experience **MUST BE COMPLETED** from the date of initial teacher certification and prior to the first day of the course.

PLEASE CHECK APPLICABLE COURSE BELOW:

PART 2 COURSE

I certify that the applicant named above has successfully completed one school year (**194 days**) of teaching experience.

SPECIALIST COURSE

I certify that the applicant named above has successfully completed at least two school years (**388 days**) of teaching experience including at least one school year (**194 days**) of experience in Ontario in the subject listed above.

Print name of Supervisory Officer

Print name of School Board

Signature of Supervisory Officer

Date

Title of Supervisory Officer

Telephone number

FAX to 519-884-8697, EMAIL to aq@wlu.ca or SEND to
Faculty of Education, 75 University Avenue West, Waterloo, ON N2L 519-884-0710, ext. 3706