

TEACHING SERVICE CONFIRMATION FORM INSTRUCTIONS

RETURN THE FORM – by JUNE 30, 2011:

- If you are **subbing**, wait until **the school year ends** before submitting a form, so you can verify the maximum number of teaching days possible.
- If you want to receive credit for **summer school days**, you can return a form after it ends. To do this, **email** us by June 30th, so we don't put your account into repayment status.
- We will **email** you in September 2011 to **verify your 2011-12 status**.

COMPLETE THE FORM:

- One form per district per school year.
- Fill in the **school year start and end dates**, the district, and school(s) for this year.
 - To verify previous teaching years, print another form – one form per year – and clearly identify the school year being verified.
 - Date (1) **must** be earlier than Date (2). The school year start date **cannot** be earlier than the date you obtained your certificate. **Only** teaching days **after obtaining** your residency certificate can earn credit toward your teaching obligation.
- Fill in the **number** of teaching days – **contracted, substitute, and summer school**. (The number can be filled in by you or by a school or district official.)
 - **Grades taught?** Report the number of full teaching days at mid-level and/or secondary level **plus ALL grades** of Sped, ESL/ELL/Bilingual. If you taught 60 half-days, report 30 full days, if you taught 81 half-days, report 40.5 full days.
 - Report the number of full teaching days at elementary level **except ALL grades** of Sped, ESL/ELL/Bilingual. (Include those in the mid-level/secondary days above.)
- **No signature, no credit!** Forms verifying teaching days **must be signed** (in the bottom box) by a school or district official.
 - If you taught in one school the entire year, the principal or vice-principal can sign the form. If you taught in multiple schools, someone at the district level must sign the form (human resources, personnel, substitute coordinator, etc).
- **If you didn't teach in 2010-11**, send an explanation to the email addr below.

FAX completed form to: ~ OR ~ MAIL completed form to: 360-704-6220 Alternative Routes Program Higher Education Coordinating Board PO Box 43430 Olympia, WA 98504-3430

For questions or more information, contact Alternative Routes staff at:
ALT@hecb.wa.gov ~ OR ~ **1-888-535-0747 (#2)** msg

ALTERNATIVE ROUTES CONDITIONAL SCHOLARSHIP TEACHING SERVICE CONFIRMATION FORM

Please print

Name: _____ Soc Sec # : XXX - XX - _____

Address: _____ Work Ph : () _____

Home or _____

Cell Ph : () _____

Email Address: _____

I obtained my residency certificate on this date: (1) / / (residency permit or certificate issue date)



School Year Start: (2) / / School Year End: / /

Date (2) CANNOT be earlier than Date (1)

District _____ School(s) _____
(ONE district per form) (If subbing, can answer 'various')

Original signature from school or district REQUIRED in box at bottom

NUMBER OF FULL TEACHING DAYS (2 half days count as 1 full day)

FULL Contracted or Substitute Days:

_____ at *Grades 6/7 and above* _____
 (# full days) + ALL grades Sped/ESL/ELL/Biling Grade(s) Subject(s)

_____ at elementary level _____
 (# full days) (count all Sped/ESL/ELL/Biling above) Grades & Subjects

FULL Summer School Days:

_____ at *Grades 6/7 and above* _____
 (# full days) + ALL grades Sped/ESL/ELL/Biling Grade(s) Subject(s)

_____ at elementary level _____
 (# full days) (count all Sped/ESL/ELL/Biling above) Grades & Subjects

I verify this accurately reflects the number & type of teaching days for the period specified.

_____ Date _____
Signature of School or District Official

_____ Phone number _____
Title



FAX completed form to 360-704-6220

OR

MAIL completed form to:

Alternative Routes Program
 Higher Education Coordinating Board
 PO Box 43430
 Olympia, WA 98504-3430

If questions, contact Alternative Routes staff at:
 1-888-535-0747 (#2) or ALT@hecb.wa.gov

Return by June 30, 2011