

## **Employment Verification Form**

**School of Education** 

Teacher Candidate's Name: \_\_\_\_\_

## Liberty University Student ID # of Teacher Candidate: L\_\_\_\_\_

One of our Liberty University teacher candidates is requesting to complete a student teaching placement in his/her own classroom. Please complete the following:

Name of school where teacher candidate is employed:	
Is this school a public school or an accredited Christian or private school?	Choose YES or NO If yes, please state the association/organization by which your school is accredited:
Will the teacher candidate be employed as a full-time contractual employee during the semester and year that he/she is seeking placement?	Choose YES or NO If yes, please indicate which semester and year the teacher candidate is planning to student teach:
	Semester: Year:
Endorsement area for which the teacher candidate is seeking licensure:	
In what endorsement area is the teacher currently employed?         Choose from the following: <ul> <li>Elementary education</li> <li>Special education - middle school level</li> <li>Special education - high school level</li> <li>Secondary education</li> <li>Content Area:</li> <li>Other:</li> </ul>	
If the teacher candidate is fully accepted for student teaching through Liberty University, would you be willing to allow this teacher candidate to complete a student teaching placement in his/her own classroom?	Choose YES or NO
Is there an individual willing to serve as your candidate's On- Site Mentor to observe them four times and submit assessments to their course professor?	Choose YES or NO If yes, please list the contact information below:
<ul> <li>On-Site Mentor Qualifications:</li> <li>Current initial teaching license</li> <li>3 years of teaching experience</li> </ul>	On-Site Mentor's Name: On-Site Mentor's Email:

## To the best of my knowledge, I verify the aforementioned statements are accurate.

Name:	Title:
Email Address:	Phone Number:
Signature:	Date: