

**Mississippi State University  
College of Education**

**VERIFICATION OF WORK EXPERIENCE WITH CHILDREN AND/OR YOUTH**  
(Includes any experience with children and youth outside the context of coursework)

NAME (please print) \_\_\_\_\_

Student ID Number \_\_\_\_\_ MAJOR \_\_\_\_\_

**MESSAGE TO STUDENT:** One requirement for entering teacher education at Mississippi State University is that you work a minimum of 40 hours with children and/or youth. Please have someone (e.g., youth director at camp) complete this form. (Feel free to duplicate it as many times as necessary to verify your 40 hour minimum.) You should also supply an addressed, stamped envelope for the person(s) supplying the information.

Dear Madam/Sir:

Please complete the form below for the student named above. The student needs this information for entry into the teacher education program at Mississippi State University.

**DESCRIPTION OF STUDENT EXPERIENCE WITH CHILDREN AND/OR YOUTH:**

_____ Camp Counselor	_____ Day Camp Groups	_____ Recreation Program
_____ Religious Organization	_____ Coach	_____ Day Care
_____ Head Start/Preschool	_____ Teacher's Assistant	_____ Teacher's Aide
_____ Tutor	_____ Other (Specify)	_____ Volunteer (Brickfire, Big Brothers, Big Sisters, Scout Leader, 4-H, etc.)

**RESPONSIBILITIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATES:** \_\_\_\_\_

**NUMBER OF HOURS:** \_\_\_\_\_ **AGE(S) OF CHILDREN AND/OR YOUTH:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_

**Return to:** Admission to Teacher Education, College of Education, Box 9710, Mississippi State, MS 39762 **OR** by Campus Mail: Mail Stop 9710 (309 Allen Hall)