

Idaho State Department of Education
Basic Education Staffing System
2016-17 ISEE Form 8 (Manual)

2014-15 Education & Experience History for New Certificated Instructional Hires with Experience.
(as of the last Friday in September)

District / Charter Number: _____

District / Charter Name: _____

Date: _____

The purpose of this report is to establish the career ladder cohort for certificated instructional staff who did not hold an Idaho contract during the 2014-15 and/or the 2015-16 school year. Submit education and experience records as of September 26, 2014. This is not applicable for instructional staff who are in their first year of holding a certificate.

Examples:

Instructional staff new to teaching in Idaho who hold a certificate from another state and who are approved to teach in Idaho.

Instructional staff with an Idaho certificate who did not hold an active contract during the 2014-15 and/or the 2015-16 school year.

Do not use this form to correct prior year data or to report staff who are in their first year of holding a certificate.

<u>Instructional Staff Demographic Information:</u>	1		2		3	
EDUID						
Last Name						
First Name						
Middle Name						
Former Name(s)						
School Years	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016
Date of last K-12 experience						
Place of Last K-12 Experience (enter state other than Idaho or Idaho district)						
Highest Degree as of the last Friday in September						
Additional credits as of the last Friday in September						
Prior K-12 Idaho Teaching Experience as of the last Friday in September						
Prior K-12 Other States Teaching Experience (exclude Idaho) as of the last Friday in September						
Prior K-12 Private or Parochial Teaching Experience as of the last Friday in September						
Prior Idaho Higher Ed Teaching Experience as of the last Friday in September						
Prior Higher Ed Teaching Experience - other states as of the last Friday in September						
Total Years of Experience as of the last Friday in September						
Additional Degree, as of the last Friday in September						

Superintendent, Charter School Administrator, Business Manger or HR Director

Signature _____

Title _____

Submit form to:

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Pam Brewer pbrewer@sde.idaho.gov