## **DEPARTMENT OF URBAN EDUCATION** PRINCIPAL'S VERIFICATION OF EDUCATIONAL TEACHER AIDE STATUS FOR PARAPROFESSIONAL FIELD-BASED PD 1 or PD 2 PLACEMENT

Please **PRINT CLEARLY** all requested information.

Name	UHD ID# 900	Gatormail		@gator.uhd.edi	
Semester/Year seeking placement	Certificat	on Area _	EC-6 Gen _	EC-6 Bil Gen	
		-	4-8 Gen	Secondary	
am currently <b>employed as an instructional aide</b> at				Scho	
School Address					
School Distrtict	Grade/Subject Area				
You may confirm this with my principal				(Principal's Name	
Principal's Phone Number	cipal's Phone Number Principal's Email				
A teacher candidate must be able to teach a minimum of two observed by a PED 4380/4381 field experience instructor.			•	•	
faculty will be required for some courses. Describe the proposed instructional work with teacher and <i>area of certification</i> is required). Signature indicates agree	•		•	•	
, Describe the proposed instructional work with teacher and	•		•	•	
Describe the proposed instructional work with teacher and area of certification is required). Signature indicates agree	ement to allow this teache	r candidate	to comply with th	ese requirements.	
, Describe the proposed instructional work with teacher and	ement to allow this teache	r candidate	to comply with th	ese requirements.	
Describe the proposed instructional work with teacher and carea of certification is required). Signature indicates agree entertion is required.	ement to allow this teache	r candidate  Date	to comply with th	ese requirements.	
Describe the proposed instructional work with teacher and area of certification is required). Signature indicates agree  Principal's Signature  Feacher Candidate's Signature  (In each case, the signature veri	ement to allow this teacher	r candidate  Date  Date	to comply with the	ese requirements.	
Describe the proposed instructional work with teacher and area of certification is required). Signature indicates agree  Principal's Signature  Teacher Candidate's Signature	fies that all information so	n PD 1 and F	to comply with the	ect.)	
Describe the proposed instructional work with teacher and carea of certification is required). Signature indicates agree Principal's Signature	fies that all information so al field-based placement in e semester before the inte	Date Date Date Date Date Date Date Date	eeccurate and corre	ent semester placement.	
Describe the proposed instructional work with teacher and carea of certification is required). Signature indicates agree Principal's Signature	fies that all information so al field-based placement in e semester before the inte instructional, certified tea rsework.	Date Date Date Date Date Date Date Date	to comply with the comply with the comply with the comply with the complex control of the control of the complex control of the control of	ent semester placement. main in a teacher's aide	

Teacher aides must submit to the Department of Urban Education for <u>each semester</u> seeking this placement the following documentation:

- The application for paraprofessional field-experience semester placement
- A current copy of the district contract *indicating the assignment as an instructional aide*

•	This completed form which indicates the name of the school and grade assignment(s), contact information for the description of the work with teachers and students (individual, small group, whole group), and the principal's sign information is correct and that the minimum 60 clock-hours of field based work per semester at 6 hours per wee arranged for the proposed semester.	nature verifying that the
	Notification of acceptance via Gatormail pending review of your application.	
	Date received by UE office and SIGNATURE of RECEIPT:	(revised 10/1/12)