



The Commonwealth of Massachusetts Department of Education

350 Main Street, Malden, Massachusetts 02148-5023

Telephone: (781) 338-6600
TTY: N.E.T. Relay 1-800-439-2370

ADULT BASIC EDUCATION TEACHING EXPERIENCE VERIFICATION FORM

Applicants with a current preK-12 teacher’s license, at either the initial or professional levels (formerly known as provisional with advanced standing and standard), and at least one year of ABE teaching experience, or the equivalent (480 instructional hours), may be eligible to pursue the professional ABE license via Route 3. Applicants with at least five years of ABE teaching experience, or the equivalent (2,400 instructional hours), may be eligible to pursue the professional ABE license via Route 4. For more information on the types of teaching that may be used toward these routes to licensure, please refer to the *Guidelines for the ABE Teacher’s License* available at <http://www.doe.mass.edu/educators/abeguidelines/part5.pdf> Please complete the information on this form before submitting it to your current and/or past supervisors. Please use a separate form for each employer. You may submit as many *Verification Forms* as necessary to qualify for either route 3 or 4.

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| To be completed by the applicant: | |
| 1. Social Security Number: _____ - _____ - _____ | DOB: _____ |
| 2. Last Name: _____ | First Name: _____ Middle: _____ |
| 3. Affidavit/Applicant’s Signature: This application contains no misrepresentations or falsehoods. Misrepresentations or falsehoods shall be sufficient cause for denial or revocation of the license. Signed under the penalties of perjury. _____ Signature _____ Date Signed | |
| Special accommodations are available to any person who has documented physical or learning disabilities. For further information, please contact the Office of Educator Licensure at 781-338-6600. | |

To be completed by the ABE supervisor:

- 4. Supervisor's Last Name: _____ First Name: _____
- 5. Position and Title: _____
- 6. ABE Program: _____
- 7. Program Address: _____
City/Town: _____ State: _____ Zip: _____
- 8. Daytime Telephone #: _____
E-mail address: _____

Note: The Department may contact you if any questions arise or clarifications are needed.

9. Verification of Applicant's Experience:

- a) The applicant is/was an ABE teacher and/or tutor with this program from:
_____ to _____
day/month/year day/month/year
- b) While employed in or volunteering in the above program, the applicant accumulated the following number of hours of ABE **teaching** experience (preparation time not included):
 - 1) The applicant taught _____ ABE class(es) per week, for _____ (actual time spent teaching) hours per week, for _____ weeks.
 - 2) The applicant tutored _____ ABE learner(s) per week, for _____ (actual time spent teaching) hours per week, for _____ weeks.
 - 3) The applicant's **total** teaching contact hours (not including preparation time) in this program was _____.

Examples:

- 1) The applicant taught 1 family literacy class, for 4 hours per week, for 260 weeks = 1040 teaching hours
- 2) The applicant taught 1 ESOL class, for 4 hours per week for 88 weeks **and** taught 1 workplace education class, for 2 teaching contact hours per week, for 12 weeks = 376 teaching hours
- 3) The applicant tutored 1 ABE student for 3 hours per week for 32 weeks = 96 tutoring hours
- c) If the applicant's ABE teaching experience was tutoring, did the applicant successfully complete a training program of at least 15 hours? Yes No N/A

Note to Applicant: A copy of the certificate of completion for this training must be included with the application packet in order for tutoring hours to be considered.

10. Affidavit/Supervisor's Signature:

This application contains no misrepresentations or falsehoods. Misrepresentations or falsehoods shall be sufficient cause for denial or revocation of the applicant's ABE license.

Signed under the penalties of perjury.

Signature

Date Signed