

**American Association of Christian Schools
Professional Employee Certification Program
Supervised Teacher Verification Form**

Teacher Name _____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Grades(s) taught (elementary) _____

Grade(s) and/or Subject(s) taught (secondary) _____

Supervised Teaching

Time frame of supervised teaching; month, day, and year it began _____

month, day, and year it ended _____

Teacher was supervised by _____ Position _____

Formal Observation (three required – blank copy of observation form should be enclosed)

Dates: 1. _____ Observed by _____

2. _____ Observed by _____

3. _____ Observed by _____

4. _____ Observed by _____

Follow-up Conferences (three required – blank copy of conference form should be enclosed)

Dates: 1. _____ Conference with _____

2. _____ Conference with _____

3. _____ Conference with _____

4. _____ Conference with _____

Copies of the above observations and follow-up conferences are on file in this teacher's personnel file in the school office.

Administrator's signature Date

School _____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____