



SCHOOL PSYCHOLOGIST GENERAL EXPERIENCE VERIFICATION

Do not use this form to verify experience to be used toward the supervised experience requirement.

APPLICANT – Complete the applicant information section and forward the form to the person verifying your general school psychology experience for completion of the remainder of the form.

1. APPLICANT INFORMATION

Applicant's Name _____
Address: _____

2. INFORMATION ON INDIVIDUAL VERIFYING EXPERIENCE

Your relationship to the applicant (Please check all that apply):

____ EMPLOYER ____ CO-WORKER ____ SUPERVISOR ____ PERSONNEL OFFICE REPRESENTATIVE

Other _____

Name _____

Mailing Address _____

Business Phone _____ Home Phone _____

3. APPLICANT EXPERIENCE DATA

Name and address of entity where experience took place

a) Dates of experience: From _____ To _____

b) How many **hours per week** did the applicant practice? _____

c) How many **weeks of experience** did the applicant practice? _____

d) What was the **total number of hours of experience** the applicant practiced for the time period above? _____
Note: The total number of hours of experience is generally calculated as the product of 3.b) and 3.c).

e) What position did the applicant hold? _____

f) Please list the percentage of the applicant's work hours spent in the following duties:

_____ Evaluation, measurement, and assessment of intellectual ability, aptitudes, or achievement that directly relates to learning or behavioral problems in an educational setting in order to determine appropriate recommendations.

_____ Psycho-educational or vocational consultation or direct psycho-educational service to schools, agencies, organizations, or psychological professionals, directly related to learning problems.

_____Development of programs to facilitate the learning process of clients.

Please specify other duties and percentage of time spent in those areas.

RECOMMENDATION

Based upon your knowledge of the applicant's character, education, training and experience, are you of the opinion that the applicant, if licensed, will practice the profession of school psychology in an ethical and professional manner? Yes No

If "no", please explain: _____

4. CERTIFICATION

We hereby certify that the above information is true and correct to the best of our knowledge.

Signature of Individual Verifying General Experience

(Date)

Applicant's Signature

(Date)

Department of Health
School Psychology Licensure
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