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: ____________________________________________
________________________________________
________________________________________

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)