Office of School Psychology
4052 Bald Cypress Way, Bin C-05
Tallahassee, FL 32399-3255

Florida HEALTH

School Psychology General Experience Verification

Do not submit this form if all required school psychology experience (three years = 4,500 hours) was fulfilled and is documented as supervised experience on the **"School Psychology Supervised Experience Verification" form**.

Important: The dates of general school psychology experience must have been completed after meeting the minimum required education for this license and the dates of experience recorded cannot be the same as nor overlap the hours of reported supervised experience.

1. Applicant Information

Name: _____

Address: _____

2. Verifying Party Information

Choose all the options that describe your relationship to the applicant:

☐ Employer	☐ Co-worker	☐ Supervisor
☐ Personnel Office Representative	☐ Other: _____	

Name: _____

Address: _____

Business Phone: _____ Home/Cell Phone: _____

3. Applicant Experience Data

List the name and address of the entity where experience took place:

Facility Name	Facility Address

A. Dates of Experience: From: _____ (MM/DD/YYYY) To: _____ (MM/DD/YYYY)

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 listed above? _____ *(generally calculated as the product of 3b and 3c)*

E. What position did the applicant hold? _____

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Name: _____

F. List the percentage of the applicant's work hours spent in the following duties:

Duties	% of Work Hours
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, which is directly related to learning problems.	
Development of programs to facilitate learning process of clients.	
Specify other duties, if applicable, and percentage of time spent in those areas:	

4. Recommendation

Based upon your supervision and 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

5. Applicant/Supervisor Statement

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

Supervisor Signature: _____ Date: _____
MM/DD/YYYY

Applicant Signature: _____ Date: _____
MM/DD/YYYY