

**Experience Report for
Michigan Professional Education Certificate**

Name of school district or school
in which candidate is/was employed: _____

School district's/school's address: _____

Certification of Teaching Experience in a Regular Assignment

This is to certify that _____
First Name Middle/Maiden Last Name Social Security Number

taught full-time (2 ½ clock hours or more each day) under appropriate supervision from

_____ to _____
Month Day Year Month Day Year

in grade(s) _____ and subject(s) _____.

Certification of Substitution Teaching Experience (if applicable)

This is to certify that _____
First Name Middle/Maiden Last Name Social Security Number

substitute taught from _____ to _____
Month Day Year Month Day Year

in grade(s) _____ and subject(s) _____

for a total of _____ days taught.

If candidate substitute taught for more than one year, please fill out a separate form for each year.

This candidate's service is rated: Satisfactory Cannot recommend *(please explain on a separate sheet).*

Signature of Superintendent or Director of Personnel

Date

Name and Title

Area Code/Telephone Number

Please return the completed form to the candidate or forward to:

Amy Eastman, Coordinator of Continuing Certification
206 Porter Building
Eastern Michigan University
Ypsilanti, MI 48197
FAX 734-487-7089, amy.eastman@emich.edu