



SUPERVISORY OFFICER'S FORM

Certification of Teaching Experience

The Office of Professional Learning, Faculty of Education
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*This form may be faxed or emailed
original not required*

SECTION A: TO BE COMPLETED BY CANDIDATE

Completion of this form is mandatory – Please ensure all sections are completed, incomplete forms cannot be processed.

ONTARIO COLLEGE OF TEACHERS REGISTRATION NUMBER DATE OF BIRTH (MM/DD/YYYY) / /

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

PROGRAM INFORMATION

COURSE TITLE: _____
 PROGRAM CODE: _____
 (please double check the program code)

FIRST DAY OF CLASS: (MM/DD/YYYY) / / SESSION: WINTER SPRING SUMMER FALL
 YEAR: _____

SECTION B: TO BE COMPLETED BY THE SUPERVISORY OFFICER

PART 2 COURSES	PART 3 & HONOUR SPECIALIST COURSES	PQP PART 1 COURSE
<p>Teaching experience includes experience from multiple settings, short-term assignments, accumulated experience in various classes and experience from different school boards.</p> <p>Supervisory Officer's Certification: I certify that the applicant named above has successfully completed one year (194 days) of certified teaching experience by the first day of the course, subsequent to teacher's certification.</p> <p>If less than 1 year, number of days _____</p> <p>NAME OF SUPERVISORY OFFICER (please print) _____</p> <p>SIGNATURE OF SUPERVISORY OFFICER _____</p> <p>TITLE OF SUPERVISORY OFFICER _____</p> <p>DATE _____</p> <p>NAME OF SCHOOL BOARD _____</p>	<p>Teaching experience includes teaching the subject in an integrated format within another curriculum area with demonstrated experience in planning, developing, implementing instructional plans and assessing/ evaluating students.</p> <p>Supervisory Officer's Certification: I certify that the applicant named above has successfully completed two years certified teaching experience in by the first day of the course, subsequent to teacher's certification including one year of experience in the specialized subject area.</p> <p>If less than 2 years, number of days _____</p> <p>NAME OF SUPERVISORY OFFICER (please print) _____</p> <p>SIGNATURE OF SUPERVISORY OFFICER _____</p> <p>TITLE OF SUPERVISORY OFFICER _____</p> <p>DATE _____</p> <p>NAME OF SCHOOL BOARD _____</p>	<p>Teaching experience includes experience from multiple settings, short-term assignments, accumulated experience in various classes and experience from different school boards.</p> <p>Supervisory Officer's Certification: I certify that the applicant named above has successfully completed five years certified teaching experience subsequent to teacher's certification.</p> <p>If less than 5 years, number of days _____</p> <p>NAME OF SUPERVISORY OFFICER (please print) _____</p> <p>SIGNATURE OF SUPERVISORY OFFICER _____</p> <p>TITLE OF SUPERVISORY OFFICER _____</p> <p>DATE _____</p> <p>NAME OF SCHOOL BOARD _____</p>

NOTES

Supervisory Officer is defined as follows:

- For a teacher employed by a District School Board of Education, this person is a Superintendent or Assistant Superintendent of the District. A Principal's signature does **not** satisfy this requirement.
- For a teacher employed by a private school, this person is the Ministry of Education official appointed to provide supervisory services for the school. A Principal's signature does **not** satisfy this requirement.

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