



# SUPERVISORY OFFICER'S FORM

## Certification of Teaching Experience

The Office of Professional Learning, Faculty of Education  
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*This form may be 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:   /   /    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><b>Supervisory Officer's Certification:</b>            I certify that the applicant named above has successfully completed <b>one year</b> (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><b>Supervisory Officer's Certification:</b>            I certify that the applicant named above has successfully completed <b>two years</b> certified teaching experience in by the first day of the course, subsequent to teacher's certification including <b>one year</b> 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><b>Supervisory Officer's Certification:</b>            I certify that the applicant named above has successfully completed <b>five years</b> 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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