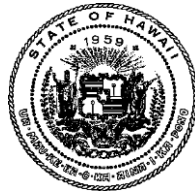


Hawaii Teacher Standards Board
650 Iwilei Road, Suite 268
Honolulu, HI 96817



hawaiiteacherstandardsboard.org
htsb@hawaii.gov
808-586-2600

VERIFICATION OF TEACHER LEADER EXPERIENCE

Directions:

- 1) Send this verification form to your school administrator where you completed your four (4) semesters of teacher leader experience.
2) Before sending to your school administrator, you must complete, sign, and date Section 1.
3) Have the completed form returned to you and upload it to the Documents tab of your HTSB account.

1. PERSONAL INFORMATION

HTSB ID from your "My Profile" tab in your online record: Last 4 digits of SS#

Last Name First Name Middle Name

Current Mailing Address City State Zip

Personal E-mail Address Phone

DISCLAIMER: I hereby authorize the release of the information regarding my qualifying teacher leader experience at the school/school district from which I am making this request.

Applicant Signature: Date:

2: VERIFICATION BY SCHOOL ADMINISTRATOR (APPLICANT: DO NOT WRITE BELOW THIS LINE)

To Authorized School Administrator: This individual has applied to add Teacher Leader to their Hawaii license. Please complete Section 2 to verify the applicant's Teacher Leader experience. Note: Service as a union faculty representative alone does not qualify an individual for the Teacher Leader license field.

Please check all that apply:

The above-named applicant has four (4) semesters of job-embedded experience as a Teacher Leader in the following area(s):

- Curriculum, instructional or content specialist/coach
State office or complex area instructional or data coach
Mentor teacher
Department/grade level chair
Provides services on a school-wide, district or national level that develops leadership skills and benefits students, school community or the profession, e.g., accreditation team, school turnaround team, instructional leadership team, etc.

I hereby verify the information provided above is accurate and true that the above-named applicant has Teacher Leader experience in the area(s) checked above.

Signature of School Administrator First and Last Name (print or type) Date Signed

Position Title School District

City, State Phone Email Address