

Autism Field Experience Verification Form

Applicant's Name: _____

County: _____

SSN#: _____

Principal/Supervisor: _____

Email: _____

Special Ed Director/Supervising Teacher: _____

Email: _____

Field Experience Documentation---Total of 30 Hours Required

Date of Experience: _____ Number of Hours: _____

School: _____

Date of Experience _____ Number of Hours: _____

School: _____

Date of Experience _____ Number of Hours: _____

School: _____

Date of Experience: _____ Number of Hours: _____

School: _____

Total number of hours: _____

I certify these hours have been completed in accordance with WVBE Policy 5202 in an Autism classroom with Autism students.

Principal/Special Education Director

Date: _____