

**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: \_\_\_\_\_