

Gateways ESL & Bilingual Credential

Work & Practical Experience—Verification Form

Please complete this form to validate your work experience providing direct service to multilingual children and families in an early childhood setting.

Step 1: Personal Information

Name: _____ Registry Member ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please indicate age groups served (*mark all that apply*):

Infants/Toddlers (0–36 months)

Preschool (3–5)

School-Age (5–12)

Position (*mark all that apply*):

Teaching _____ Start Date: _____ End Date: _____

Other _____ Start Date: _____ End Date: _____

Hours per week: _____ x Weeks per year: _____ x # of years: _____ = Total Hours: _____

Step 2: ESL & Bilingual Experience Verification

Please provide the names and contact information for two people that could verify your experience with multilingual children and families. Please note: we may contact to verify.

Contact 1: Name: _____

Email: _____ Phone: _____

Affiliation to applicant (*How is this contact knowledgeable about your experience with multilingual children and families?*): _____

Contact 2: Name: _____

Email: _____ Phone: _____

Affiliation to applicant (*How is this contact knowledgeable about your experience with multilingual children and families?*): _____

Participant Signature: _____ **Date:** _____

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge. I understand false or misleading statements or subsequent documentation may constitute grounds for denial of a Gateways to Opportunity Credential.