



Elementary Teachers' Federation of Ontario/
 Fédération des enseignantes et des enseignants de l'élémentaire de l'Ontario
 136 Isabella St., Toronto ON M4Y 0B5
 aqcourses@etfo.org

TEACHING EXPERIENCE FORM

OCT #	LAST NAME <i>Please Print</i>	FIRST NAME <i>Please Print</i>
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Note for Academic Supervisory Officer

All teaching experience **must be**:

- From the date of initial certification in Ontario.
- Certified by an academic supervisory officer.

The Supervisory Official, as defined by the Ontario College of Teachers, is for a teacher employed by a district school board, the academic supervisory officer is a superintendent or assistant superintendent of the board. For a teacher employed by a private school or First Nations Education Authority, the supervisory officer is the Ministry of Education official appointed to provide supervisory services for the school authority.

Please Provide Course Name and Session:

AQ COURSE NAME: _____ **SESSION:** _____

<input type="checkbox"/> PART 2 COURSE	<input type="checkbox"/> PART 3 (SPECIALIST) COURSE
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I certify that the applicant named above has successfully completed **194 days (one year)** of teaching experience subsequent to teacher's certification.

I certify that the applicant named above has successfully completed **388 days (two years)** of teaching experience subsequent to teacher's certification, including at least one year of experience in the subject listed above.

This section to be completed by Supervisory Officer:

Name of Academic Supervisory Officer (Superintendent/Asst. Superintendent): _____

Name of School Board/Private School/First Nations Authority: _____

Signature of Academic Supervisor: _____

Date: _____

Email form to aqteachingexperienceforms@etfo.org

Incomplete forms will not be processed. This form to be signed only after teaching experience has been accumulated. Experience must have occurred prior to the start of the course.

Digital signatures are accepted.