

VERIFICATION OF EXPERIENCE WITH CHILDREN AGE BIRTH-AGE 5
LSC Early Childhood Education BS with VT licensure degree
Use one form per verification entity

Applicant instructions:

Give this form to a supervisor who can verify your 2000 hours of experience with children age birth-age five. Examples of experience accepted are childcare teacher/aid, preschool teacher/aid, nursery supervisor, church childcare employee/volunteer, family childcare operator/employee, babysitting children unrelated to you, or nanny. School practicum/internship hours with the appropriate age range of children can also be used. If you are documenting your hours as an owner/operator of a Licensed Family Childcare home or Registered Home Provider, you may sign your own form. Your approved registration and/or license number must be included on this form.

Applicant's name: _____

Name of Program (where experience was gained) _____

Program Address: _____

Instructions to person completing this form for applicant:

To be a candidate for admission to the Lyndon State College Early Childhood BS degree with Vermont birth-age 5 licensure, applicants must have verification of experience working with children aged birth through age 5 for at least 2000 hours. Documented experience may be paid or unpaid. Return the signed and completed form to the applicant above. Thank you.

Position: _____

Select one age group:

- 0-2.75 years 3-5 years

Is this work experience _____?

Practicum/internship _____?

Volunteer _____?

From: Month/Day/Year to: Month/Day/Year
____/____/____ ____/____/____

Select one type of year:

- Full year School year

How many hours per week? _____

For applicants who are claiming family childcare as verification of hours, include license/registration number: _____

I attest that the above information is, to the best of my knowledge, true and accurate.

Signature _____ Printed Name _____

Title _____ Date _____ Phone _____

Date received by admissions: _____

Date received by program coordinator: _____

Approved _____

Not approved _____

Date recorded by registrar: _____

Date received by admissions:

Date received by program coordinator:

Approved_____

Not approved_____

Date recorded by registrar: