

## VERIFICATION OF WORK EXPERIENCE WITH CHILDREN AND/OR YOUTH

(Includes any experience with children and youth outside the context of coursework.)

NAME (PLEASE PRINT:		
STUDENT ID NUMBER:	MAJOR:	
work a minimum of 40 hours with chil	dren and/or youth. Please have someonany times as necessary to verify your 40	at Mississippi State University is that you ne (e.g., youth director at camp) complete hour minimum.) You should also supply
Dear Madam/Sir:		
Please complete the form below for the seducation program at Mississippi State U		this information for entry into the teacher
DESCRIPTION OF STUDENT EXPE	ERIENCE WITH CHILDREN AND/C	OR YOUTH:
Camp Counselor	Day Camp Groups	Recreation Program
Religious Organization	Coach	Day Care
Head Start/Preschool	Teacher's Assistant	Teacher's Aide
Tutor	Other (Specify)	Wolunteer (Brickfire, Big Brothers, Big Sisters, Scout Leader, 4-H, etc.
RESPONSIBILITIES:		
DATES:		
NUMBER OF HOURS:	AGE(S) OF CHILDREN AND	OR YOUTH:
SUPERVISOR SIGNATURE:		

**RETURN TO:** Please send electronically to COEundergrad@colled.msstate.edu OR return to student to be uploaded to the Admission to Teacher Education: Phase II canvas course