



Professional Certificate Experience Report

Please ask the administrator, superintendent, or principal who supervised your teaching to complete and sign this form. This form may be photocopied if additional copies are needed.

First Name: _____ Last Name: _____ Maiden Name: _____

Level of Provisional Certificate Held: Elementary _____ Secondary _____

This is to certify that the candidate named above taught or substitute taught full-time (2.5 clock hours

or more per day) from _____ to _____
Month/Day/Year Month/Day/Year

in grade(s) _____ and subject(s) _____.

Please rate the candidate's teaching performance (circle one):

Satisfactory Unsatisfactory

Do you recommend this person for a Professional Teaching Certificate?: _____

If not, please include an explanation: _____

School _____

School Address _____

Chief Official's Signature _____

Title _____

Date _____

Thank you for your assistance!

Please return this form to: Teacher Certification Coordinator

Calvin College
3201 Burton Street SE
Grand Rapids, MI 49546
Phone: (616) 526-6208
Fax: (616) 526-6505