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| TEACHER CERTIFICATION AND EXPERIENCE | | | | | | | |
| **Directions: Please enter the name of each teacher in the school and provide the requested information in each column. You may add additional rows if needed. Then enter the number of non-certified teachers at the bottom.** | | | | | | | |
| **Teacher’s Name** | **Teaching Assignment (Grades/Subjects)** | **Type of Certification (e.g., early childhood, subject, special education)** | **Certification Status (e.g., initial, professional, provisional, permanent, transitional B)** | **Certification Issue Date** | **Certification Expiration Date** | **Years Teaching Experience Prior to This School Year** | **Years Teaching Experience at This School Prior to This School Year** |
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| **Number of Uncertified Teachers**: |  | | | | | | |