

WORK EXPERIENCE REPORT FORM FOR MICHIGAN

For Michigan K-12 School Counselor License

Instructions:

Submit this form only if you DO NOT have a master's or higher degree in School Counselor Education. This form must be completed by the supervising school counselor and school principal or superintendent or chief official designee of the employing school district or school and submitted with your application documents. SUBMIT FORM TO MDE-EDUCATORHELP@MICHIGAN.GOV WITH APPLICATION DOCUMENTS. FORM MAY BE DUPLICATED AS NEEDED FOR MULTIPLE ASSIGNMENTS.

APPLICANT IDENTIFIERS

Name _____			
_____	_____	_____	_____
first name	middle name	last name	other names used
(PROVIDE AT LEAST ONE ADDITIONAL IDENTIFIER)			
PIC #: _____ Date of Birth: _____ MOECS Application #: _____			

VERIFICATION OF SCHOOL COUNSELOR WORK EXPERIENCE

This is to verify that the individual named above fulfilled a School Counselor role on a full-time or intermittent basis at the selected instructional entity listed below.

_____	located at _____
District or Entity Name	District or Entity Address
Counselor for grade(s) _____	
For assignments completed consecutively within one or more calendar years:	
From _____	To _____
(month/year)	(month/year)

THIS CANDIDATE'S SERVICE IS RATED: SUCCESSFUL UNSUCCESSFUL*

*When an unsuccessful rating is recorded, please provide an explanation on a separate document or email from individual completing the form. Email should be sent to MDE-EducatorHelp@Michigan.gov.

Print or Type Name of Supervising School Counselor	
_____	_____
Supervising School Counselor's Signature	Date
_____	_____
Signature of Principal or School Designee	Date
_____	_____
Email Address of Supervising School Counselor	Area Code/Telephone Number