

Washington State University
College of Education

80 Hour Documentation Form

Requirement: 80 hours of recent educational experience with children or youth. 20 of these hours must be with students from diverse populations or attending cultural events. The remaining 60 hours must be supervised work (paid or volunteer) in an instructional capacity with ages 4 - adult. Experience must be within the last 3 years (at the time of application to program). Hours must be completed by the end of the semester in which you are applying to the Teacher Education Program. It is highly recommended that at least half of your hours are served with the age group you plan to teach. Babysitting, serving as a nanny, or Big Brother/Sister cannot be used to fulfill this requirement.

Name: _____ WSU ID#: _____

60 Teaching Hours Documentation

Place of work/volunteer: _____ Grade level of students (if applicable): _____

Start date: _____ End date: _____

Total hours for this job/experience: _____

Address where hours were done: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Supervisor phone #: _____

Job title: _____

Describe major duties:

Place of work/volunteer: _____ Grade level of students (if applicable): _____

Start date: _____ End date: _____

Total hours for this job/experience: _____

Address where hours were done: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Supervisor phone #: _____

Job title: _____

Describe major duties:

Place of work/volunteer: _____ Grade level of students (if applicable): _____

Start date: _____ End date: _____

Total hours for this job/experience: _____

Address where hours were done: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Supervisor phone #: _____

Job title: _____

Describe major duties:

Place of work/volunteer: _____ Grade level of students (if applicable): _____

Start date: _____ End date: _____

Total hours for this job/experience: _____

Address where hours were done: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Supervisor phone #: _____

Job title: _____

Describe major duties:

Place of work/volunteer: _____ Grade level of students (if applicable): _____

Start date: _____ End date: _____

Total hours for this job/experience: _____

Address where hours were done: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Supervisor phone #: _____

Job title: _____

Describe major duties:

Place of work/volunteer: _____ Grade level of students (if applicable): _____

Start date: _____ End date: _____

Total hours for this job/experience: _____

Address where hours were done: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Supervisor phone #: _____

Job title: _____

Describe major duties:

Place of work/volunteer: _____ Grade level of students (if applicable): _____

Start date: _____ End date: _____

Total hours for this job/experience: _____

Address where hours were done: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Supervisor phone #: _____

Job title: _____

Describe major duties:

20 Cultural Hours Documentation

Working/Volunteer Hours for Cultural Hours:

Location of work: _____	Grade level of students (if applicable): _____
Supervisor: _____	Total hours for this job/experience: _____
Describe major duties: _____	

Location of work: _____	Grade level of students (if applicable): _____
Supervisor: _____	Total hours for this job/experience: _____
Describe major duties: _____	

Location of work: _____	Grade level of students (if applicable): _____
Supervisor: _____	Total hours for this job/experience: _____
Describe major duties: _____	

Trainings/Conferences/Events for 20 Cultural Hours:

Date	Title	Presenter(s)	# of hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL HOURS:			

I hereby certify that the statements made on this form are true, and I understand and agree that any false information may be cause for denial of my admission to the Teacher Education Program. I give the College of Education permission to contact my past supervisors identified on this form to verify my position.

Applicant's Signature
Date