

NOTE: This form is only for Broward County Public School Temporary Hourly Adult ESOL Teachers

THE SCHOOL BOARD OF BROWARD COUNTY

VERIFICATION OF ESOL TRAINING FORM TEMPORARY HOURLY ADULT ESOL TEACHERS

Personal Information:

Name _____

Personnel Number _____

School Location _____

Date of Hire in above Assignment _____

Inservice Information:

Component Number and Title _____

Points Awarded _____ Date of Completion _____

College Credit Information:

(Please attach a copy of transcript to this form.)

Course Prefix and Number _____

Course Title _____

Grade Received _____ Semester Hours Earned _____

THIS FORM CANNOT BE PROCESSED UNLESS POINTS HAVE BEEN POSTED TO YOUR INSERVICE RECORD. ONCE VERIFIED BY CERTIFICATION, YOUR RECORDS IN SAP WILL BE UPDATED TO REFLECT THIS QUALIFICATION.

PLEASE SEND TO BROWARD COUNTY CERTIFICATION OFFICE