



Holistic Work and/or Cultural Practice Experience Form Letter

Dear Oregon Teacher Standards and Practices Commission,

I believe that my teaching, work, and/or cultural practice experience are equivalent to college coursework that would typically cover subject matter aligned with the (enter content standard subject) standards required for the (enter endorsement) endorsement and request that my Education Preparation Provider and the Oregon Teacher Standards and Practices Commission (TSPC) consider this experience as meeting some of the content knowledge requirements in this area.

<i>TSPC Number:</i>		<i>Date of Birth:</i>		
		<i>Month</i>	<i>Day</i>	<i>Year optional</i>
<i>Candidate's Name (print):</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Other/Maiden</i>
<i>Anticipated Program Completion Date:</i>	<i>Term</i>		<i>Year</i>	
<i>Educator Preparation Program (institution):</i>				
<i>Advisor/Counselor's Name:</i>				
<i>Advisor/Counselor's Email:</i>				

Directions:

- Complete a separate **Holistic Work and/or Cultural Practice Experience Form Letter** for each business/organization/institution/school/affiliation.
 - List alternative teaching, work, or cultural practice experience and applicable content standards in the space provided on the form below.
 - A supervisor/manager or elder with direct knowledge of this experience must complete the required items and provide a signature for credit equivalency to be considered.
 - In providing descriptions of experience/duties, a typical bulleted resume format is acceptable as long as the description aligns with the standards being addressed. The form must be completed in full for experience to be evaluated, additional artifacts may be required.
 - Do not list coursework from accredited universities/colleges on this form. Coursework from such institutions does not require this form when official transcripts show that the candidate has met the coursework requirement(s).



Holistic Work and/or Cultural Practice Experience Form Letter

Complete a separate Holistic Work and/or Cultural Practice Experience Form for each business/organization/institution/school/affiliation; make copies as needed

<i>Candidate's Full Name (printed):</i>	
<i>Endorsement:</i>	

Standard Domain #_____ (e.g., for social studies there are currently four domain areas: 1) historical knowledge, 2) geography, 3) political science, 4) economics).

Equivalency Information:

What type of holistic assessment option equivalency are you seeking for this experience? (Check only one):

- Teaching Experience
- Work Experience (non-teaching)
- Cultural Practice

List the experience you want evaluated for equivalency, including dates, and the content standards that apply to this experience in the Experience Table shown below.

Experience Table.

Experience details	Aligned standards (provide a copy of the standards to the individual signing off on your form)	Start/end dates (month/yr through month/year)	Average number of hours per week

Business/Organization/Institution/School Information:

Name of Business/Organization/Institution/School: _____

Address: _____

Phone number: () _____

Website address (if applicable): _____

Contact/Supervisor Name: _____



<i>Candidate's Full Name (printed):</i>	
<i>Endorsement:</i>	

The following Verification Table is to be completed by a supervisor, manager, or elder with direct knowledge of the experience listed in the Experience Table shown above except when the candidate can provide a transcript or certificate showing PDU/alternative learning coursework completion, or when a portfolio or other artifacts/documentation, including essays and presentations, would be more appropriate to demonstrate content knowledge (see TSPC-approved documentation for more information):

Verification Table. (To be completed by Supervisor/Manager/Elder ONLY)

WORK, or CULTURAL PRACTICE EXPERIENCE VERIFICATION

Supervisor/Manager/Elder Information:

Supervisor/Manager/Elder (Print Full Name): _____

Title of your position: _____

Email address: _____

Phone number: () _____

By signing below, I verify that (insert candidate's name) satisfactorily completed the work/experience as detailed in the table on page 2 of this document and that the experience aligns with the content standards I was given to review.

Signed: _____ Date: _____

Comments:

Check this box if obtaining verification from a supervisor, manager, or elder was not appropriate for the experience listed on this form, and then explain what will be provided to verify this experience and attach any supporting documentation.

Explanation:



Teacher Candidate Verification: (TO BE COMPLETED BY TEACHER CANDIDATE)

Please type or print in ink.

TSPC Number: _____ Date of Birth: ____/____/____
 month / day / (year is optional)

Candidate's Name: _____
 First Middle Last Other/Maiden

By signing below, I agree that all of the information on this form/letter is accurate and true to the best of my knowledge and authorize the Oregon Teacher Standards and Practices Commission or their designated agents or representatives to conduct a comprehensive review of the details provided on this form/letter for accuracy and auditing purposes, including but not limited to obtaining information from the Supervisor/Manager/Elder and the Business/Organization/Institution/School listed on this form for a period of no more than three years after my license has been issued. Also, I understand that my EPP and TSPC may ask for additional documentation or clarification before a determination may be made and that I am required to keep a signed copy of this form to submit with my portfolio evidence.

Teacher Candidate's signature: _____ Date: _____

Educator Program Provider Verification: (TO BE COMPLETED BY DEAN OF TEACHER EDUCATION OR DESIGNEE)

Please type or print in ink.

Dean's or Designee's Name: _____

Email: _____

Phone: _____

I verify that I have reviewed the candidate's documentation and verify that experience meets equivalency requirements as defined in the Multiple Measures guiding document; therefore the candidate can apply the following credit on the [Holistic Assessment Option Experience Report \(MMCK-5\) Form](#) as described below.

		Credit Hour Equivalency*		
Content Domain (enter title below)	Aligned standards	Teaching Experience	Verified Work Experience	Cultural Practice

Dean or Designee's Signature: _____ Date: _____

*work/other experience equivalencies: each week of full time or close to full time experience (e.g., 36 hours per week) is equal to one unit credit. Credit may be calculated using the following formula: (AWHs *.0278)* W = Quarter Unit (QU) competency unit equivalency, where the average work hours per week = AWHs and the number of weeks working in position = W.