

VERIFICATION OF EMPLOYMENT
AS A SPECIAL EDUCATION TEACHER IN DEAF EDUCATION
 (Initial verification, CDDS 278)

1. Personal Information

Applicant's Full Legal Name: _____

CSUF Student ID _____

Attach a copy of Preliminary Level I Education Specialist Credential or a Certificate of Eligibility.*2. Employing Agency**

Title of Position: _____

Date of Initial Employment: _____

Name of Employing Agency: _____

Mailing Address: _____

City: _____ State _____ ZIP _____

County of Employment: _____ Phone: () _____

Name of Immediate Supervisor: _____

Position: _____

Printed Name of Employer or Designee_____
Title**3. Plan for developing the Individualized Induction Plan**

Support Provider (not principal or supervisor) Assigned to Credential Holder: _____

Position of Support Provider: _____

Employing Agency: _____

Institution Selected for Development of Individualized Induction Plan and
Completion of Professional Level II Program: _____