



STUDENT EXPERIENCE VERIFICATION

This is to verify that _____ participated in the California Mini-Corps Program.

_____ Summer 19____
_____ School Year 19____

The above person received experiences at the following level(s):

_____ Pre-school _____ 2nd _____ 5th
_____ K _____ 3rd _____ 6th
_____ 1st _____ 4th _____ 7 & 8th
_____ 9 - 12th

All participants worked under the supervision of a master teacher and a credentialed supervisor employed by the California Mini-Corps Program. The participant received classroom experience in the following areas:

_____ Math _____ Language Arts _____ P.E.
_____ Reading _____ E.S.L. _____ Science
_____ Other: _____ Art

Please Specify: _____

The above participant received a total of _____ hours of experience at his/her work site. Subject areas of the workshops were:

| | No. of Hours |
|----------|--------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Signed: _____

Title: _____

Date: _____