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**Verification of Two Years of Experience:**

**Modifying Curriculum for Students with Disabilities**

**Form**

* This form will assist an authorized school official with verifying that an educator has obtained a minimum of two years of experience modifying curriculum for students with disabilities.

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| --- | --- | --- | --- | --- |
| **Print Educator’s Name:** | |  | | |
| **Educator’s MA Educator License or MEPID Number:** | |  | | |
| **School/School District:** | |  | | |
| ***Educator’s Attestation Statement:*** | | | | |
| I have obtained a minimum of two years of experience modifying curriculum for students with disabilities as attested to by my signature below. | | | | |
| **Educator’s Signature:** | |  | | |
|  | | | | |
| ***Administrator’s Attestation Statement:*** | | | | |
| The above noted educator has obtained a minimum of two years of experience modifying curriculum for students with disabilities as attested to by my signature in the role noted below. | | | | |
| **Printed Name:** |  | | **Admin. Signature:** |  |
| **Title:** |  | | **Email:** |  |
| **Phone:** |  | | **Date:** |  |
| *(Must be signed by one of the following: Superintendent, Principal, Head Administrator\*, Special Education Director, Special Education Department Head, Special Education Curriculum Specialist, or Special Education Administrator.)* | | | | |
| *\*Head administrator could be an Assistant Superintendent, HR Director, or a similar position in a non-public educational setting. The Department may contact the signer of this document if clarification is required.* | | | | |