



**SPECTRUM**  
**Work Verification Form**  
**Department of Communication Sciences and Special Education**  
**University of Georgia**

**Full Name of SPECTRUM student:** \_\_\_\_\_

Please complete each section below regarding your work history and status as a paraprofessional. Your building administrator must sign this form to verify your employment and that they consider you to be a highly qualified paraprofessional.

**School Name:** \_\_\_\_\_ **School System:** \_\_\_\_\_

**School Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Name of supervisor:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
(Please print)

**Years of employment as a paraprofessional:** \_\_\_\_\_ **Years in this school system:** \_\_\_\_\_

**Briefly describe the nature of your experience in this setting as a paraprofessional:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For the supervisor/building administrator only:**

I verify that \_\_\_\_\_ has worked in the \_\_\_\_\_  
school system for \_\_\_\_\_ years and is considered to be a highly qualified paraprofessional.

**Signature of Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Email address:** \_\_\_\_\_