Gateways Credential

Work & Practical Experience—Verification Form

Please complete and have this form signed by a supervisor, director, or the Human Resources department to validate your work experience providing direct service to children. *Use a separate form for each employer.*

P	ers	or	ıal	Inf	ori	m	ati	on

Hours p Infa Position Hours p Infa Position Hours p	per week: ints/Toddlers (0–3 n: per week: ints/Toddlers (0–3	_ x Weeks per year: _ S) □ Preschool (3 St _ x Weeks per year: _ S) □ Preschool (3	x # of years: 3–5) □ School-Age (5 art Date (MO/YR): x # of years: 3–5) □ School-Age (5	End Date (MO/YR): = Total Hours: 5–12)
Position Hours p Infa Position Hours p	nts/Toddlers (0–3 n: per week: nts/Toddlers (0–3	St Preschool (3 St x Weeks per year: Preschool (3	3–5) □ School-Age (5 art Date (MO/YR): x # of years: 3–5) □ School-Age (5	5–12)
Position Hours p Infa Position Hours p	n: per week: ints/Toddlers (0–3	St _ x Weeks per year: _ 3) Preschool (3	art Date (MO/YR): x # of years: 8–5) School-Age (5	End Date (MO/YR): = Total Hours:
Hours p Infa Position Hours p	per week: ints/Toddlers (0–3 n:	_ x Weeks per year: _ s) □ Preschool (3	x # of years: 3–5) □ School-Age (5	= Total Hours:
□ Infa Position Hours p	nts/Toddlers (0–3	Preschool (3	3–5) □ School-Age (5	
Position Hours p	า:			i–12) □ Administration
Hours p		St		
	oer week:		art Date (MO/YR):	End Date (MO/YR):
□ Infa		_x Weeks per year:_	x # of years:	= Total Hours:
	nts/Toddlers (0–3	3) Preschool (3	3–5) □ School-Age (5	5–12) Administration
Position	n:	St	art Date (MO/YR):	End Date (MO/YR):
Hours p	oer week:	_x Weeks per year:_	x # of years:	= Total Hours:
□ Infa	nts/Toddlers (0–3	B) Preschool (3	3–5) 🔲 School-Age (5	5–12) \square Administration
Conta	ct Information	1		
Contac	t Name:			
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Illinois Professional Development System
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statements or subsequent documentation may constitute grounds for denial of a Gateways to Opportunity credential.