

# STATE REPORTING DATA

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name: \_\_\_\_\_

## Highest Degree Held (check one)

- BACHELORS
- MASTERS
- SPECIALIST
- DOCTORATE
- LPN
- RN
- NONE
- ASSOCIATES
- AT LEAST 60 HRS (NO DEGREE)

## PUBLIC SCHOOL EXPERIENCE

Teacher, Nurse, Paraprofessional, please complete the following:

Total years of experience in ALL PUBLIC SCHOOLS INCLUDING CURRENT YEAR: (exclude substitute teaching)

\_\_\_\_\_ Year(s) CERTIFIED position (teacher, counselor, administrator)

\_\_\_\_\_ Year(s) NON-CERTIFIED position (paraprofessional, nurse)

Total years of experience in MISSOURI PUBLIC SCHOOLS INCLUDING CURRENT YEAR: (exclude substitute teaching)

\_\_\_\_\_ Year(s) CERTIFIED position (teacher, counselor, administrator)

\_\_\_\_\_ Year(s) NON-CERTIFIED position (paraprofessional, nurse)

Class(es)/Grade Level(s) you are being employed to teach:

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*Please turn in your certificate and original transcripts with this form if you have not already done so.*