



**COLLEGE OF EDUCATION**

DEPARTMENT OF SPECIAL EDUCATION

**EDUCATIONAL THERAPY PROGRAM**

**Experience Verification Form**

**Name of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Number of hours being verified on this form:** \_\_\_\_\_

The individual named above is applying for admission to either the Master's Degree in Educational Therapy or the Advanced Study in Educational Therapy Post-Master's Certificate Program in the Department of Special Education at California State University, Northridge. Applicants must provide evidence of a minimum of two years of full-time experience, or the equivalent of 2,000 hours, in providing educational and/or therapeutic services, preferably within the last ten years.

***Applicant: Please describe your experience below, including the age of the student population, type of setting, your role/title, and responsibilities during this experience.***

**Information about Verifier:**

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

Title : \_\_\_\_\_

School/Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By checking this box, I attest that I have knowledge of the experience listed above.