HTSB TEACHER LEADER EXPERIENCE FORM 7010 **Updated 08/03/26**

Hawaii Teacher Standards Board
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808-784-5580

VERIFICATION OF TEACHER LEADER EXPERIENCE

Directions:
1. Send this verification form to your school administrator where you completed your four (4) semesters of teacher leader experience.
2. Before sending to your school administrator, you must complete, sign, and date Section 1.
3. Ask your administrator to send the completed form via email or via postal mail to the Hawai'i Teacher Standards Board (see above).

1. PERSONAL INFORMATION

HTSB ID from your "My Profile" tab in your online record: _____ Last 4 digits of SS# _____

_____ _____
Last Name First Name Middle Name

_____
Current Mailing Address City State Zip

_____ _____
Personal E-mail Address Phone

DISCLAIMER: **I hereby authorize the release of the information regarding my qualifying teacher leader experience at the school/ school district from which I am making this request.**

Applicant Signature:_____ Date: _____

2. VERIFICATION BY SCHOOL ADMINISTRATOR (APPLICANT: DO NOT WRITE BELOW THIS LINE)

To Authorized School Administrator: This individual has applied to add Teacher Leader to their Hawaii license. Please complete Section 2 to verify the applicant's Teacher Leader experience. Note: Service as a union faculty representative alone does not qualify an individual for the Teacher Leader license field. Please return the completed form via email or via postal mail to the Hawai'i Teacher Standards Board (see above).

Please check all that apply:	The above-named applicant has four (4) semesters of job-embedded experience as a Teacher Leader in the following area(s):	From (Month/Year)	To (Month/Year)
☐	Curriculum, instructional or content specialist/coach		
☐	State office or complex area instructional or data coach		
☐	Mentor teacher		
☐	Department/grade level chair		
☐	Provides services on a school-wide, district, or national level that develops leadership skills and benefits students, school community or the profession, (e.g., accreditation team, school turnaround team, instructional leadership team).		

I hereby verify that the information provided above is accurate and true and that the above-named applicant has Teacher Leader experience in the area(s) checked above.

_____ _____ _____
Signature of School Administrator **First and Last Name (print or typed)** **Date Signed**

_____ _____ _____
Position Title **School Name** **District**

_____ _____ _____
City, State **Email Address** **Phone Number with Area Code**