



This forms is available at: <https://dpi.wi.gov/licensing/apply-educator-license/supplementary-forms>

**Instructions for the Applicant:** Complete Section I below. Have the school district, CESA, EPP, or DPI-approved substitute teacher training provider complete the Section II and Section III of the form with signature.

**Instructions for School District:** Complete Section II and Section III below, sign, and return to applicant.

**SECTION I  
 APPLICANT INFORMATION**

Legal Name *Last, First, Middle*

Other / Previous Names

**SECTION II  
 SUBSTITUTE TEACHER TRAINING VERIFICATION**

The applicant listed above in Section I has completed all the following requirements, listed below, for Substitute Teacher Training:

- Basic school district and school policies and procedures.
- Age-appropriate teaching strategies.
- Discipline, conflict resolution, and classroom management techniques.
- Health and safety issues, including handling medical emergencies.
- Techniques for starting a class.
- The culture of schools and the teaching profession.
- Working with lesson plans.
- Working with children with disabilities, including confidentiality issues.

Completion Date of Substitute Teacher Training

**SECTION III  
 SUBSTITUTE TEACHER SCHOOL DISTRICT INFORMATION**

School District

Print Name of District Administrator or Authorized Designee *First and Last Name*

Email Address of District Administrator or Authorized Designee

**SIGNATURE**

**I, THE DISTRICT ADMINISTRATOR or Authorized Designee, ATTEST** that the educator listed above has completed all requirements of the substitute teacher training. The employing School District can only attest to training provided by the employing school district. If requested, the school district will provide DPI an agenda, itinerary or syllabus of the school district's substitute teacher training program

Signature of District Administrator or Authorized Designee

Date Signed *Mo./Day/Yr.*

