



University of Illinois at Chicago  
 College of Education  
 1040 W Harrison M/C 147  
 Chicago IL 60607-7133  
 ATTN: JENNIFER DELAGO

**APPLICATION MATERIALS DUE BY MARCH 3, 2008**

**UNIVERSITY OF ILLINOIS AT CHICAGO  
 UNDERGRADUATE ELEMENTARY TEACHER EDUCATION PROGRAM**

Service Learning Hours Verification Form

As one part of the admissions process for the UIC Elementary Education Undergraduate Program, we want you to have worked for a minimum of 50 hours in an urban setting with children, ages 5 - 14. The experiences may include time in community work, social services and/or schools. These experiences must have been completed within the last three years. The purpose for completing these hours is two-fold. We want you to have experiences interacting with children who will be in grades kindergarten through nine, which are the grades for which you seek certification. Also, we want you and one other person to assess your interest, responsibilities, and commitment to urban education.

You need two forms. First we ask you to complete this form, and have your supervisor (or agency representative) sign and date it. Second we ask that same person to complete a separate Elementary Teacher Education Letter of Recommendation Form.

Applicant Name: \_\_\_\_\_ Applicant ID#: \_\_\_\_\_

School or Agency: \_\_\_\_\_

School/Agency Address:

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

School/Agency Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Please check appropriate grade level.*

Primary (K-3) \_\_\_\_\_ Intermediate (4-6) \_\_\_\_\_ Upper Grades (6-9) \_\_\_\_\_

Indicated ages of children that you worked with: \_\_\_\_\_  
 (Range of Ages)

Please indicate date in which the 50 Service Learning Hours were completed: \_\_\_\_\_

**Additional information and signature required on the reverse side of this form**

**Please Type All Information**

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Briefly describe the setting (e.g., Who attended? What were the purposes?) and tell why you selected this site.

**Please Type All Information**

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Briefly describe what you did.

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**\*\*\*\*THIS SECTION IS TO BE COMPLETED BY AGENCY REPRESENTATIVE\*\*\*\***

I verify that a minimum of 50 Service Learning Hours was completed satisfactorily and that the student's description accurately represents their experience.

\_\_\_\_\_  
Signature of Supervisor/Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

May we contact you for additional  
information if necessary? \_\_\_\_\_