

**Supplement PFE****ALABAMA STATE DEPARTMENT OF EDUCATION  
EDUCATOR CERTIFICATION SECTION**

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[www.alabamaachievers.org](http://www.alabamaachievers.org)

**ATTESTATION OF PRACTICAL FIELD EXPERIENCE BY THE SUPERINTENDENT/DESIGNEE:**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Superintendent or Designee

\_\_\_\_\_  
Date

**SUPPLEMENT PFE****The Temporary Special Education Certification (TSEC) Practical Field Experience Form**

Supplement PFE confirms the completion of the required practical field experiences for certificate issuance:

Certificates	Required Practical Field Experiences	Required Hours
2 <sup>nd</sup> TSEC	2	Minimum of 3 hours <a href="#">per field experience</a> for a total of 6 hours
3 <sup>rd</sup> TSEC	4 *	Minimum of 3 hours <a href="#">per field experience</a> for a total of 12 hours
Professional Educator	4**	Minimum of 3 hours <a href="#">per field experience</a> for a total of 12 hours

\*An additional two field experiences are required

\*\*Previously completed practical field experiences while holding the 2<sup>nd</sup> and 3<sup>rd</sup> is required.

The employing superintendent in an Alabama county/city must submit this form directly to the Educator Certification Section of the Alabama State Department of Education (ALSDE).

**APPLICANT'S PERSONAL DATA**

*Legal name as it appears on government-issued identification.*

Title (e.g., Mr.)	First	Middle	Last	Local Education Agency (LEA)	School Site

**Field Experience-Select as appropriate:**

☐ 1<sup>st</sup> Practical Field Experience      ☐ 2<sup>nd</sup> Practical Field Experience      ☐ 3<sup>rd</sup> Practical Field Experience      ☐ 4<sup>th</sup> Practical Field Experience

**Field Experience-Select the type of field experience and complete the required details.**

<input type="checkbox"/> Behavior Management	<input type="checkbox"/> FBA	<input type="checkbox"/> Progress Monitoring
<input type="checkbox"/> BIP	<input type="checkbox"/> IEP	<input type="checkbox"/> Service Delivery Models/Strategies, Reevaluation, and Referral
<input type="checkbox"/> Data-based Decision-making	<input type="checkbox"/> Manifestation Determination	<input type="checkbox"/> Small Group Instruction
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Professional Development	<input type="checkbox"/> Other _____
Date(s) of Practical Field Experience	Location of Practical Field Experiences (Inclusion Classroom, Resource Room, Other)	Duration of Practical Field Experience(s) (hh: mm)
		Participants (check all that apply)
		<input type="checkbox"/> Principal/Assistant Principal <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Student <input type="checkbox"/> Parents/Guardians <input type="checkbox"/> Related Service Providers <input type="checkbox"/> Other Stakeholders
		<input type="checkbox"/> Principal/Assistant Principal <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Student <input type="checkbox"/> Parents/Guardians <input type="checkbox"/> Related Service Providers <input type="checkbox"/> Other Stakeholders
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Reminder: 3 hours equals one practical field experience. If additional rows are needed, see page 2.		

Field Experience-Select as appropriate:			
<input type="checkbox"/> 1 <sup>st</sup> Practical Field Experience		<input type="checkbox"/> 2 <sup>nd</sup> Practical Field Experience	<input type="checkbox"/> 3 <sup>rd</sup> Practical Field Experience
			<input type="checkbox"/> 4 <sup>th</sup> Practical Field Experience
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