



UNIVERSITY
of HAWAII®
MĀNOA

GROUP LEADERSHIP CERTIFICATION FORM (FIELD EXPERIENCE)

Applicants to the University of Hawai'i at Mānoa (UHM) College of Education (COE) teacher licensure programs are required to have supervised group leadership field experiences that are deemed appropriate by the COE Office of Student Academic Services. This field experience is normally completed prior to formal admission into the teacher education program. The objectives of this requirement are: (1) to validate the applicant's choice of education major; (2) to develop and enhance the applicant's self-confidence in working effectively with their target audience.

INSTRUCTIONS: Please type or print legibly when completing this form. If you have any questions, please email osas@hawaii.edu or call (808) 956-7915 / (808) 956-7849.

Please email in PDF form to: osas@hawaii.edu; or FAX this completed form to: (808) 956-4271

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

Date: _____ Name: _____
Last, First, M.I.

Email: _____ Phone: _____

Address: _____

- Which Program Are You Applying To? (Choose One)
- | | |
|--|--|
| <input type="radio"/> Elementary (K-6) | <input type="radio"/> Elementary & Multilingual Learning (K-6) |
| <input type="radio"/> Secondary (6-12) | <input type="radio"/> Elementary/Hawaiian Language Immersion (K-6) |
| <input type="radio"/> KRS (K-12) | <input type="radio"/> Exceptional Students & Elementary (K-6) |
| <input type="radio"/> SPED (PK-12) Severe/Autism | <input type="radio"/> Early Childhood/Early Childhood SPED (PK-3) |
| <input type="radio"/> SPED (6-12) Mild/Moderate | <input type="radio"/> Early Childhood Care & Education (Birth-Age 8) |

I hereby certify that the information submitted for this application is complete and correct. I recognize that any intentional misrepresentation may be grounds for non-admittance or disenrollment from the College of Education. I authorize the University of Hawai'i College of Education to obtain information from any individual listed on this form or any other documents related to my application and waive the right to hold liable those persons from providing any requested information. It is understood that such information is to be held confidential.

Applicant's Signature: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY THE SUPERVISOR

This is to verify that the applicant, _____, has satisfactorily completed a group leadership field experience with a group of children/youth ages _____ for a total of _____ contact hours. The activities and responsibilities of the applicant's experience are described below.

Applicant's Position Title: _____

PLEASE DESCRIBE RESPONSIBILITIES/GROUP ACTIVITIES CONDUCTED BY THE APPLICANT:

Date of Services: _____ Name of Organization: _____

Supervisor's Name (print): _____ Title: _____

Supervisor's Email: _____ Phone: _____

Address: _____

Supervisor's Signature: _____ Date: _____