Teacher Standards and Practices Commission

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Salem, OR 97301

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Contact.tspc@state.or.us
www.oregon.gov/tspc

Professional Educational Experience Report (PEER) Form

This form is to be filled out by school district personnel to verify experience for renewals, adding endorsements, or moving to a new license. **Please type or print in ink.**

TSPC Account number: _____ Date of Birth: _____ /____/_____
Month / Day / Year **(optional)**

Name: _____ _____ _____ _____
(First) (Middle) (Last) (Maiden)

Position held: ☐ Teacher ☐ Personnel Services ☐ Administrator
If the educator is applying to renew any of the above three categories, fill out all four columns below

Grade Level	Dates Position Held From	To	No. of Periods/or % of FTE	**Teachers**: list Subject or Special Education Area(s) or NCES Codes. **Administrators** or **Personnel Services** positions: list job title.

Restricted Substitute Experience

You must verify the total number of FTE school days taught for each school year. For example, "47.5 FTE days" for "School Year: "09 –10." At this time, you do not need to submit this form for other substitute teachers.

	School Year ____-____	School Year____-____	School Year ____-____
Total FTE days per year			

Professional Development Units (PDUs)

Oregon Administrative Rule requires that all educators must complete professional development units (PDUs).
Substitute Teacher License must complete 30 PDUs.
Full three year licenses must complete 75 PDUs
Full five year licenses must complete 125 PDUs.
For more information regarding PDUs please visit our website: www.oregon.gov/tspc

I hereby certify that this educator successfully completed the PDUs required for renewal.

☐ **YES Amount of PDUs completed**_____ ☐ **NO** ☐ **Not applicable**

Signature of Superintendent or Authorized Designee

You may choose to send this form electronically, or print the form and sign it manually. If you choose electronic submission, type the name of the authorized representative of the school district into the signature line. If the form is being signed to verify experience as a superintendent, the form must be signed by an authorized representative of the school board.

_____ _____ _____
Signature School District City and State Date

HR personnel completing the form: _____ Contact phone number: _____ Ext:_____

[SUBMIT] **electronically OR return this form to educator in a sealed envelope OR mail directly to TSPC sealed.**

Reset Form