Instructions: Register a staff member to participate in supervised experience using the Office of Child Care Licensing’s website <https://education.delaware.gov/families/birth-age-5/occl/>. Submitting this form can reduce the amount of experience by half to qualify for certain positions. For early childhood positions, a person with an EC Administrator, EC Curriculum Coordinator, or an EC Teacher with a degree DEEDS Qualifications Certificate may observe the staff member once a month for a minimum of three months. For school-age positions, the SA Administrator may observe the staff member. Observations and follow-up conferences are required, and the lesson plan for each observation must be included in the documents submitted to OCCL. Most lesson plans and observations must focus on whole group or small group instruction. The observations may begin one month after registering the staff member. Registration of the staff member must be completed before any observations begin. Send the completed Request for Supervised Experience Approval to:

DOE/Office of Child Care Licensing

3411 Silverside Road

The Concord, Hagley Building

Wilmington, DE 19810

Attention: Daphne Romanelli

[Daphne.romanelli@doe.k12.de.us](mailto:Daphne.romanelli@doe.k12.de.us)

Refer to the chart below when planning the length of supervision needed.

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| **EC Teacher (Regulation 24H):**   * For a staff member with a bachelor's or associate degree with at least 6 credits in child development or early childhood, 3 months of supervised experience is needed * For a staff member with a high school diploma and 9 college credits/CDA/ TECE I and II or equivalent/ Montessori credential/DOL EC apprenticeship program/vo-tech three-year program in early childhood, 6 months of supervised experience is needed. |
| **EC Assistant Teacher (Regulation 24I):**   * For a staff member with a high school diploma and 3 college credits in child development and 3 college credits in early childhood education/TECE I/high school career pathway program in early childhood, 3 months of supervised experience is needed. |
| **SA Site Assistant (Regulation 87C):**   * For a staff member with a high school diploma and 3 credits or 45 quality assured clock hours, part-time employment for half of a school year (5 months of supervised experience is needed) * For a staff member with a high school diploma and 3 credits or 45 quality assured clock hours, full-time employment for half of the summer (2 months of supervised experience is needed) * For a staff member with a high school diploma and 15 quality assured clock hours, part-time employment for one school year (10 months of supervised experience is needed) or full-time employment for half a school year (5 months of supervised experience is needed) * For a staff member with a high school diploma and 15 clock hours, full-time employment for one summer (3 months of supervised experience is needed) |

**Sample Form-Supervised Experience**

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| **Staff member’s name:** Mary Johnson | | **DEEDS qualification certificate the staff member is applying to earn:** EC Teacher | |
| **Center’s name:** A Great Place to Be | | **Center’s address:** 431 N. State Street, Dover, DE 19901 | |
| **Supervision registration date:** 8/26/2024 | **Supervision start date:** 9/05/2024 | | **Supervision end date:** 10/05/2024 |
| **Observation date:** 9/10/2024 | **Conference date:** 10/05/2024 | | **Observer’s name and title**: Wanda Williams, Administrator |
| **Activity designed for and presented to:**  individual child small group whole group  **Age of children:**   Infant  Toddler Three’s Four’s Kindergarten School-Age  **Lesson plan attached** | | | |
| **Observer’s notes:** | | |  |
| On 9/05/2024, Mary created a lesson plan for 20 children in the 3-year-old classroom. The lesson plan was called “This is my house.” Mary wanted to teach children about the different places where people, animals, and insects live. She found many pictures of places that humans (farms, cities, etc.), birds, raccoons, squirrels, deer, beavers, ants, butterflies, etc. live to show the children. She found a book called, “The Places We Live” to read to the children. She made a matching game where the children had to pick the appropriate house for the person, animal, or insect. Mary also gathered sticks, glue, and plastic Easter eggs, so the children could make bird nests. On 9/08/2024, I reviewed the lesson plan to ensure it was appropriate. Mary presented the above listed activities on 9/10/2024. | | | |
| **Staff member’s self-evaluation of the lesson:** | | | |
| Mary stated that the lesson went well because the children were engaged and eager to participate in the discussion of where animals/people could live. She stated that the lesson was a little too long (the children began to lose interest). In the future, she would explain the matching game individually, rather than to the whole group, as the children came to the table to participate. | | | |
| **Observer’s commendations:** | | | |
| The children were engaged and Mary was easily able to capture their interest with her tone of voice and animated ways of asking the children if a house was appropriate when there was no way possible for the animal, person, or insect to fit in the house mentioned. For example, does a person live in a bird’s nest? | | | |
| **Observer’s recommendations for strengthening the lesson presentation:** | | | |
| Laminate matching game to prolong its use. Ensure that the length of whole group instruction aligns  with the attention span and interests of the children. | | | |

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| Staff member’s signature: Mary Johnson Date: 10/05/2024 |
| Approved Observer’s signature: Wanda Williams Date: 10/05/2024 |

The information contained in this document is true and accurate to the best of my knowledge.

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| **Staff member’s name:** | | **DEEDS qualification certificate the staff member is applying to earn:** | |
| **Center’s name:** | | **Center’s address:** | |
| **Supervision registration date:** | **Supervision start date:** | | **Supervision end date:** |
| **Observation date:** | **Conference date:** | | **Observer’s name and title**: |
| **Activity designed for and presented to:**  individual child small group whole group  **Age of children:**   Infant  Toddler Three’s Four’s Kindergarten School-Age  **Lesson plan attached** | | | |
| **Observer’s notes:** | | |  |
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| **Staff member’s self-evaluation of the lesson:** | | | |
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| **Observer’s commendations:** | | | |
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| **Observer’s recommendations for strengthening the lesson presentation:** | | | |
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The information contained in this document is true and accurate to the best of my knowledge.

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| Approved Observer’s signature: Date: |

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| **Staff member’s name:** | | **DEEDS qualification certificate the staff member is applying to earn:** | |
| **Center’s name:** | | **Center’s address:** | |
| **Supervision registration date:** | **Supervision start date:** | | **Supervision end date:** |
| **Observation date:** | **Conference date:** | | **Observer’s name and title**: |
| **Activity designed for and presented to:**  individual child small group whole group  **Age of children:**   Infant  Toddler Three’s Four’s Kindergarten School-Age  **Lesson plan attached** | | | |
| **Observer’s notes:** | | |  |
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| **Staff member’s self-evaluation of the lesson:** | | | |
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| **Observer’s commendations:** | | | |
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| **Observer’s recommendations for strengthening the lesson presentation:** | | | |
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The information contained in this document is true and accurate to the best of my knowledge.

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| Staff member’s signature: Date: |
| Approved Observer’s signature: Date: |

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| **Staff member’s name:** | | **DEEDS qualification certificate the staff member is applying to earn:** | |
| **Center’s name:** | | **Center’s address:** | |
| **Supervision registration date:** | **Supervision start date:** | | **Supervision end date:** |
| **Observation date:** | **Conference date:** | | **Observer’s name and title**: |
| **Activity designed for and presented to:**  individual child small group whole group  **Age of children:**   Infant  Toddler Three’s Four’s Kindergarten School-Age  **Lesson plan attached** | | | |
| **Observer’s notes:** | | |  |
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| **Staff member’s self-evaluation of the lesson:** | | | |
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| **Observer’s commendations:** | | | |
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| **Observer’s recommendations for strengthening the lesson presentation:** | | | |
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The information contained in this document is true and accurate to the best of my knowledge.

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| Staff member’s signature: Date: |
| Approved Observer’s signature: Date: |

Attach additional observation sheets as needed. One observation, conference, and lesson plan are required for each month of supervised experience.