

# Crawford County Educator-in-the-Workplace Act 48 Program

## EMPLOYER VERIFICATION FORM

Business Contacts/Mentors are asked to complete the following information and the Educator will then return the form to the local School-to-Work office via mail or fax.

**Crawford County School-to-Work  
Tracey C. Larson, Program Coordinator  
860 Thurston Road  
Meadville, PA 16335  
Phone: 814-337-8202  
Fax: 814-337-0602**

It is necessary for program audit purposes to verify each educator's internship.

Name of Business/Agency: \_\_\_\_\_

Business/Agency Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name of Visiting Educator: \_\_\_\_\_

Dates of internship attendance: \_\_\_\_\_ to \_\_\_\_\_

Total number of days \_\_\_\_\_

Would your business participate in an educator placement again? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain why?

**Your Signature:** \_\_\_\_\_

(Verification of educator's attendance and participation)

**Your Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Thank you for participating in the Educator-in-the-Workplace Program!**