

Service Obligation Tracking System Employment Verification Form

OMB Control Number: 1820-0686

Expiration: XX/XX/XXXX

OMB Paperwork Reduction Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 17 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0686. Note: Please do not return the completed Employment Verification Form to this address.



Rules of Behavior for Department of Education-Sponsored Website

The NCSO Service Obligation Tracking System (SOTS) is an online data collection system designed to facilitate administration of the U.S. Department of Education Office of Special Education Programs' (OSEP's) Personnel Development Program. This system collects employment and contact information from participating scholar/obligees to verify the fulfillment of their service obligation. Verifying service obligation requires collecting personally identifying information from Institutions of Higher Education, scholars/obligees, and employers. This data collection has been authorized by the Individuals with Disabilities Education Act of 2004 (IDEA) and its corresponding requirements 34 CFR Part 304 printed in the Federal Register Volume 70 No. 57 March 25, 2005 and regulations Vol. 71 No. 107 June 5, 2006

Users of the SOTS must agree to certain conditions and agree to act to insure the accuracy and confidentiality of the information stored by the SOTS.

Employers using this system agree to:

\square I agree to the terms.
* Verify scholar/obligee employment within 30 days of the annual notification e-mail from NCSO.
* Maintain confidentiality of system login and password.
* Maintain the confidentiality of requested employment information about scholars/obligees.
Employers using this system agree to.



Employment Verification Page 1

Welcome to the Service Obligation Tracking System (SOTS) of the National Center on Service Obligations (NCSO). The obligee listed below accepted a scholarship from a grant awarded to an Institution of Higher Education (IHE) by the Department of Education's Office of Special Education Programs Personnel Development Program (PDP). These scholarships include a service obligation requirement of 2 years of eligible employment for each year of IHE support. Obligees are required to provide NCSO with annual updates about their employment in order for NCSO to track the fulfillment of their service obligation. Additional information about NCSO and the service obligation is available on the NCSO Web site at http://www.serviceobligation.ed.gov.

Please take a moment to verify the accuracy or to correct any inaccuracies of the information provided by the obligee. We anticipate that the survey will take no longer than 10 minutes to complete. Your session will timeout after 30 minutes of inactivity and the information entered will not be saved.

Do NOT use your internet browser's back button during this process. Thank you for taking the time to provide this information!

Employee Name:

* Required fields necessary to submit a record.

Employer Information			
*Org	anization Name:		
Dep	partment Name:		
Organization Address			
*Address Line 1:		Address Line 2:	
*City:		*State:	*Zip Code:
*Phone:	(xxx-xxx-xxxx)	Fax:	(xxx-xxx-xxxx)
TTY:	(xxx-xxx-xxxx)		,
Organization Web site	e address: (Ensure the W	eb site has the prefix "h	ttp://".):



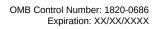
pervisor Information			
*First:		*Last:	
Supervisor's Busines	s Address		
Address Line 1:		Address Line 2:	
City:		State:	Zip Code:
Phone:	(xxx-xxx-xxxx)	Mobile Phone:	(xxx-xxx-xxxx)
*E-mail:		*Verify E-mail:	
Alternative E-mail Ad	dress:	Verify Alt. E-mail:	
Fax:	(xxx-xxx-xxxx)	TTY:	(xxx-xxx-xxxx)
man Resource Mana *First:		*Last:	
Human Resource Bu	siness Manager's Address:		
Address Line 1:	omese manager or manese.	Address Line 2:	
City:		State:	Zip Code:
Phone:	(xxx-xxx-xxxx)	Mobile Phone:	(xxx-xxx-xxxx)
*E-mail:		*Verify E-mail:	
Alternative E-mail Ad	dress:	Verify Alt. E-mail:	
Fax:	-	TTY:	



ernational Employe			
*(Organization Name:		
[Department Name:		
Organization Addre	ess		
*Name of Addresse	ee		
*City or Town:		*Country Name:	*Postal Code:
*Phone:	(xxx-xxx-xxxx)	Fax:	(xxx-xxx-xxxx)
TTY:	(xxx-xxx-xxxx)		
Organization Web	site address: (Ensure the W	eh site has the nrefix "httn:	·//")·
Organization Web	Site dudiess. (Ensure the W	es site has the prenx http:	
pervisor			
pervisor			
pervisor Please provide tl information.	he name of a supervisor at th	nis job who can verify this e	
Please provide the information. *First: Supervisor's Busin	he name of a supervisor at the	nis job who can verify this e	
Please provide the information. *First: Supervisor's Busin	he name of a supervisor at the	nis job who can verify this e	employment
pervisor Please provide the information. *First: Supervisor's Busin Name of Addresse	he name of a supervisor at the	nis job who can verify this e *Last:	employment
Please provide the information. *First: Supervisor's Busine Name of Addresse City or Town:	he name of a supervisor at the	*Last: Country Name:	Postal Code:
Please provide the information. *First: Supervisor's Busine Name of Addresse City or Town: Phone:	he name of a supervisor at the sess Address e: (xxx-xxx-xxxx)	*Last: Country Name: Mobile Phone:	Postal Code:

Human Resource Manager

Please provide the name of a human resources manager at this job who can verify this





employment inform	ation.		
*First:		*Last:	
Human Resource Bus	iness Manager's Address:		
City or Town:		Country Name:	Postal Code:
Phone:	(xxx-xxx-xxxx)	Mobile Phone:	(xxx-xxx-xxxx)
*E-mail:		*Verify E-mail:	
Alternative E-mail Add	dress:	Verify Alt. E-mail:	
Fax:	(xxx-xxx-xxxx)	TTY:	(xxx-xxx-xxxx)



Employment Verification Page 2 Please review the information below.

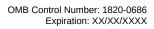
If you AGREE with all of the obligee's responses, click the Proceed button at the bottom of the page. If you DISAGREE with the obligee's response to a particular question, please check the box beside the question. Once you have selected all the questions for which you disagree with the response, click the "Proceed" button at the bottom of the page. You will have an opportunity to describe the reason for your disagreement on the following page. An Employment Verification Report will be sent to the obligee and he or she will have the opportunity to accept your changes or revise and resubmit for verification.

Employee Name:

Employee Position Information

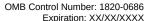
Questions marked in **blue** do not affect the obligee's service obligation fulfillment status. These questions are for measuring performance of the programs at the Office of Special Education Programs.

	Disagree □
the obligee currently employed in this position?	Disagree 🗌
nswer:	
s this full time or part time employment?	Disagree 🗆
nswer:	
	Disagree □
Classroom Teacher Paraprofessional/Teacher Assistant/Teacher Aide Teaching at the Postsecondary Level Policy Program Development Instructional Specialist Supervision (including the capacity of a principal) Research Technical Assistance	
	Paraprofessional/Teacher Assistant/Teacher Aide Teaching at the Postsecondary Level Policy Program Development Instructional Specialist Supervision (including the capacity of a principal) Research





o Other, Please Specify:





5. Describe the percentage of time spent teaching or serving special education students in this position. Disagree \Box Obligee Answer: Less than 40% 0 40% -- 50% 51% -- 60% 61% or greater 0 Not Applicable 6. Describe the percentage of special education students taught or served in this position. Disagree \Box Obligee Answer: Less than 40% 40% -- 50% 51% -- 60% 0 0 61% or greater Not Applicable * Is the obligee "highly qualified/qualified/fully certified" for this position under Individuals with Disabilities Education Act (IDEA) and/or the Elementary and Secondary Education Act (ESEA)? "Highly qualified/qualified/fully certified" for purposes of this data collection means that the employee meets the state requirements (if there are requirements in your state) for certification/licensure for this position. Obligee Answer:

Note: If the position is an elementary or secondary general education/special education teacher, the employee can be "highly qualified"; if the position is general education/special education paraprofessional/aide or early intervention, early childhood or preschool paraprofessional/aide, the employee can be "qualified"; or if the position is administrator/coordinator, for related or supportive services in a school setting, or for teacher, related services, or supportive services in early intervention, early childhood, the employee can be "fully certified".