



**ADVANCED CLASSROOM EXPERTISE TEACHER (ACET) RECOGNITION  
2017 ELIGIBILITY VERIFICATION FORM**

**Teacher's information:**

Full name: Teacher Name ACET ID: 1234  
MoE employee number: 1234567  
School: My Primary School (000)

**Principal's verification:**

I, Principal Name,

- verify that Teacher from my school **has** continued to meet the following ACET eligibility criteria:
- » an average of at least 20 hours per week in the classroom (0.8 Full Time Teacher Equivalent) throughout the 2017 school year (excluding approved paid or unpaid leave)
  - » a successful attestation against the Experienced Teacher standards (Schedule 3 of the Primary Teachers' Collective Agreement 2016-18 or applicable individual employment agreement) for 2017.
  - » holding no more than one permanent unit at any time during 2017.

Or

- verify that Teacher **has not** continued to meet one or more of the ACET eligibility criteria during 2017. Please indicate which eligibility criteria they no longer meet:
- has not spent an average of 20 hours per week in the classroom (0.8 Full Time Teacher Equivalent) throughout the 2017 school year (excluding approved paid or unpaid leave)
  - did not have a successful attestation against the Experienced Teacher standards (Schedule 3 of the PTCA or applicable individual employment agreement) for 2017.
  - has held or holds more than one permanent unit during 2017.
- confirm that Teacher has been made aware of the content of this verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete and return this form before the end of November 2017, to scanned and emailed to [acet.recognition@education.govt.nz](mailto:acet.recognition@education.govt.nz) or via post to ACET Recognition, TeachNZ, Ministry of Education, PO Box 1666, Wellington 6140.