



DOCTOR OF EDUCATION *in* SCHOOL IMPROVEMENT
Technology Competency Verification

Student's Name _____ SSN / UWG ID # _____

Degree _____ Major/Area of Concentration _____

Date competency demonstrated _____

Location of competency training _____

**Briefly describe in the space below how this experience fulfill the technology competency requirement.
Refer to *Strand 6: Technology in the Core Competencies* for a listing of the required competencies.**

Student's Signature _____ Date _____

Approved _____ Date _____

Ed.D. Director

**Please attach a copy of the evidence that verifies technology competency.
Technology competency must be verified by the end of the second semester of doctoral work.**