



INSTITUTE FOR

Excellence in Writing

An effective method for teaching writing skills

Work Samples

Required for Certified and Accomplished Instructor Application/Renewal
Include this form when submitting work samples. Please number samples.

Name: _____ Date: _____

Email: _____ Phone: _____

Work Sample 1: High Level of Competency, Beginning of Course

Student's Name _____ Age _____

Date of Work Sample _____ Unit _____

Work Sample 2: Medium Level of Competency, Beginning of Course

Student's Name _____ Age _____

Date of Work Sample _____ Unit _____

Work Sample 3: Low Level of Competency, Beginning of Course

Student's Name _____ Age _____

Date of Work Sample _____ Unit _____

Work Sample 4: High Level High Level of Competency, End of Course

Student's Name _____ Age _____

Date of Work Sample _____ Unit _____

Work Sample 5: Medium Level of Competency End of Course

Student's Name _____ Age _____

Date of Work Sample _____ Unit _____

Work Sample 6: Low Level of Competency, End of Course

Student's Name _____ Age _____

Date of Work Sample _____ Unit _____

OFFICE USE ONLY:

Application Complete/Approved _____
(Date)

Certification Expires _____
(Date)