

_____ PRIMARY SCHOOL

P.O BOX _____

Date _____

THE DEPUTY DIRECTOR

MINISTRY OF BASIC EDUCATION,

ICT AND YOUTH DEVELOPMENT

COUNTY _____

RE: NAME OF ECDE TEACHER _____

I wish to confirm the following details about the above named ECDE Teacher.

1. Name of ECDE Centre / Feeder School: _____
2. Name of Teacher: _____
3. Date of Birth: _____
4. Date employed by the County: _____
5. **When he/she was employed by County, what Teacher Training Certificate did he/she have? (Please tick one)**

Untrained

Certificate

Diploma

6. **Currently, what Teacher Training Certificate does he/she have? (Please tick one)**

Untrained

Certificate

Diploma

(For the above, ECDE teacher to attach both academic and professional certificates.)

7. STATUS OF TOILETS

Does the ECDE Centre/ Feeder School have toilets for ECD Pupils?

Yes

No.

Yours faithfully,

NAME OF HEAD TEACHER: _____

SIGN: _____

DATE: _____

SCHOOL STAMP: