

## SUPERINTENDENT'S RECOMMENDATION FORM FOR CONTINUING LICENSURE

LICENSE HOLDER INFORMATION: \_\_\_\_\_ File/License No. \_\_\_\_\_

Name: \_\_\_\_\_ SN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYER INFORMATION

Public School District/Nonpublic School Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SUPERINTENDENT'S RECOMMENDATION** (Please check applicable boxes)

- Administrative  National Board Certification - I Verify that Licensee has taught for 3 years while holding the appropriate level of license.
- Teacher  Level 2 or  Level 3A

**I Verify that Licensee IS satisfactorily demonstrating** the essential competencies in the area(s) listed above and is hereby recommended for licensure. *(Do not attach licensee's evaluation.)*

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I Verify that Licensee IS NOT satisfactorily demonstrating** the essential competencies in the area(s) listed above and is not recommended for licensure.

*(Attach licensee's latest evaluation plus memos of 2 conferences with licensee held at least 90 days apart.)*

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_