

SUPERINTENDENT’S RECOMMENDATION FORM FOR CONTINUING LICENSURE

LICENSE HOLDER INFORMATION

File/License No. _____

Name: _____ SSN: _____

Signature: _____ Date: _____

EMPLOYER INFORMATION

Public School District/Nonpublic School Name: _____

Evaluator’s Name: _____

Signature: _____ Date: _____

SUPERINTENDENT’S RECOMMENDATION (Please check applicable boxes)

- Related Service Provider** (ADSAC/PT/PTA/OT/COTA/LPN/OMS/RT/SLP) **School Nurse**
- Rehabilitation Counselor** **School Counselor*** **School Social Worker**

**A School Counselor can renew after completing 160 days (and 90 days starting the school year) as an instructional service provider. All other instructional support providers can renewed after completing 3 years on current/valid level license.*

Educational Diagnostician Must Verify the completion of 1200 hours of supervised experience as an educational diagnostician (i.e., minimum of 400 internship hours and 800 post internship supervised hours in a school-related setting).

School Psychologist

If the holder seeks a level 2 School Psychologist license, must hold a valid Level 1 license for 3 years & you must verify the completion of the supervised experience and must attach a valid psychologist, psychologist associate or professional clinical mental health counselor license issued by the NM Board of Psychology Examiners or a license as a licensed professional clinical mental health counselor issued by the NM Counseling & Therapy Board or a school psychologist license by the National Association of School Psychologists. *(see rule)*

If the holder seeks a level 3A School Psychologist license, must hold a valid Level 1 license for 3 years & you must verify the completion of the supervised experience and must attach a valid psychologist license issued by the NM Board of Psychology Examiners or a school psychologist license by the National Association of School Psychologists. *(see rule)*

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: _____