(Duplicate this form on School District Letterhead)

SUPERINTENDENT'S RECOMMENDATION FORM FOR LEVEL 2 CERTIFICATION

CERTIFICATE HOLDER INFORMATION

File/Certificate No. _____

Name: _____ **SSN:** _____

Signature: _____ **Date:** _____

EMPLOYER INFORMATION

Public School District/Nonpublic School Name: _____

Evaluator's Name: _____

Signature: _____ **Date:** _____

SUPERINTENDENT'S VERIFICATION AND RECOMMENDATION

☐ **Native American Language & Culture Service Provider**

I Verify that the Certificate Holder completed the required renewal activities and that the renewal process was carried out in collaboration between the school district and the Native American Tribe or Pueblo and is hereby recommended for Level 2 certification.

Superintendent's Signature: _____ **Date:** _____