

(Duplicate this form on School District Letterhead)

## 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 VERIFICATION AND RECOMMENDATION (Please check applicable boxes)

☐ Coach      ☐ Educational Assistant      ☐ Health Assistant

☐ **Coach** - The coach has 3 years of athletic coaching experience.

☐ **Substitute Teacher** - The substitute teacher has completed one or more of the following:

☐ has earned 3 college or university semester hours in relevant area of study.

☐ has completed 48 hours in district's approved professional development.

☐ has provided 270 hours of instructional services as a substitute.

**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: \_\_\_\_\_