

**SUPERINTENDENT'S RECOMMENDATION FORM
FOR LICENSURE ADVANCEMENT
WITH POST-SECONDARY EXPERIENCE**

LICENSE HOLDER INFORMATION: _____ **File/License No.** _____

Name: _____ **SN:** _____

Signature: _____ **Date:** _____

EMPLOYER INFORMATION

Public School District/Private/Charter School Name: _____

Evaluator's Name: _____

Signature: _____ **Date:** _____

SUPERINTENDENT'S RECOMMENDATION(Please check applicable boxes)

I Verify that Licensee:

- holds a **current** license issued by the New Mexico Public Education Department
- has completed one full school year as the teacher of record under an Internship or Standard Teaching license
- has satisfactorily demonstrated the essential Level 2 competencies at the grade level, and in the subject area he/she is teaching

I Verify that Licensee IS satisfactorily demonstrating the essential Level 2 competencies in the area(s) listed above and is recommended for licensure.

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

I Verify that Licensee IS NOT satisfactorily demonstrating the essential Level 2 competencies in the area(s) listed above and is not recommended for licensure.

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