

## 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

**School Business Official**

The holder of a level 1 or level 2 school business official licenses must complete sixteen (16) contact hours\* per year of training or coursework in any combination. *\*Please provide verification of contact hours.*

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