

(Duplicate this form on School District Letterhead)

SUPERINTENDENT'S RECOMMENDATION FORM FOR NEW MEXICO LICENSURE 1CS

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)

Teacher

Exams

I Verify that Licensee IS satisfactorily demonstrating the essential competencies/effectiveness in the area(s) listed above and is hereby recommended for the remaining 4 years of licensure (*Do not attach licensee's evaluation.*)

Superintendent's Signature: _____ Date: _____

I Verify that Licensee IS NOT satisfactorily demonstrating the essential competencies/ effectiveness 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: _____