

SUPERINTENDENT'S RECOMMENDATION FORM FOR SUPPORT PROVIDER 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 (Please check applicable boxes)

Coach: The coach has 3 years of athletic coaching experience. **Please provide NMAA First Aid, Health & Safety for Coaches Certificate*

Attendance Coach

Educational Assistant

School Health Assistant

has uploaded a copy of the valid CPR and First Aid certification

Substitute Teacher: Please check off one or more of the following prerequisite the substitute teacher has completed for renewal:

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: _____