

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

**LICENSE HOLDER INFORMATION:** \_\_\_\_\_ **File/License No.** \_\_\_\_\_

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**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 or admin of record under an Internship or Standard Teaching or Admin license
- has satisfactorily demonstrated the essential Level 2 competencies at the grade level, and in the subject area he/she is teaching/employed as an admin

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