

SUPERINTENDENT'S RECOMMENDATION FORM FOR CONTINUING LICENSURE

File/License No. _____

Name: _____ Last four of SSN: _____

Signature: _____ Date: _____

EMPLOYER INFORMATION

Public School District/Nonpublic School Name: _____

Evaluator's Name: _____

Signature: _____ Date: _____

SUPERINTENDENT'S RECOMMENDATION (Please check applicable boxes)

☐ Administrative

☐ Level 3B

☐ National Board Certification - I Verify that Licensee has

taught for three (3) years while holding the appropriate license level.

☐ Teacher ☐ Level 2 or ☐ Level 3A

**Please make sure you place a checkmark on the Teacher box, as well as the level of licensure*

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 the 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. *** verification that Licensee did not satisfactorily meet essential competencies may only be allowed if it first complies with the requirements of 6.68.2.11 or unless one of the exceptions in 6.68.2.12 is applicable.*

Superintendent's Signature: _____ Date: _____