

## SUPERINTENDENT'S RECOMMENDATION FORM FOR LEVEL 2 CERTIFICATION

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)

Native American Language & Culture Service Provider

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

Revised 07-18-2018