

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

File/License No. _____

Name: _____ Last four of 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 administrator of record under an internship teaching or administrative license
- has satisfactorily demonstrated the essential Level 2 competencies at the grade level and in the subject area he/she is teaching and/or are employed as an administrator.

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: _____