

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)

School Business Official

The holder of a level 1 or level 2 school business official license must complete sixteen (16) contact hours* per year of training or coursework in any combination. **Please provide verification of contact hours.*

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: _____