

## 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)

**Coach:** The coach has three (3) years of athletic coaching experience. *\*Please provide NMAA First Aid, Health & Safety for Coaches Certificate*

**Attendance Coach**

**Educational Assistant**

**School Health Assistant**

has uploaded a copy of the valid CPR and First Aid certifications.

**Substitute Teacher:** Please check off one or more of the following prerequisites the substitute teacher has completed for renewal:

has earned three (3) college or university semester hours in the relevant study area.

has completed 48 hours in the district's approved professional development.

has provided 270 hours of instructional services as a substitute.

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