

## 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)

#### For Renewal of the same level of licensure:

Administrative  Level 3B  Teacher  Level 2 or  Level 3A

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

#### For Advancement:

Teacher  Level 2 or  Level 3A

#### National Board Certification

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

#### Secondary Vocational-Technical Licensee (22-10A-11 NMSA 1978 )

has taught for three (3) years while holding the level 2 license or

has taught dual-credit courses at the post-secondary level in the field in which the licensee is teaching or

has completed a department-approved career-technical education training certificate course of study that is a minimum of sixteen hours at an accredited higher education institution.

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