



P.O. Box 673
309 Apple Street
House, New Mexico 88121
(505) 279-7353

SUPERINTENDENT'S RECOMMENDATION FORM FOR CONTINUING LICENSURE

LICENSE HOLDER INFORMATION

File/License No. _____

Name: _____

SSN: _____

Signature: _____

Date: _____

EMPLOYER INFORMATION

Public School District/Nonpublic School Name: _____

Evaluator's Name: _____

Signature: _____

Date: _____

SUPERINTENDENT'S VERIFICATION AND RECOMMENDATION (Please check applicable boxes)

Coach **Educational Assistant** **Health Assistant**

Coach - The coach has 3 years of athletic coaching experience.

Substitute Teacher - The substitute teacher has completed one or more of the following:

has earned 3 college or university semester hours in relevant area of study.

has completed 48 hours in 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 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. *(Attach licensee's latest evaluation plus memos of 2 conferences with licensee held at least 90 days apart.)*

Superintendent's Signature: _____

Date: _____