

PORTALES MUNICIPAL SCHOOLS

501 South Abilene

575-356-7000

Portales, NM 88130

Fax 575-356-4377

**SUPERINTENDENT'S VERIFICATION
FOR INITIAL EDUCATIONAL ASSISTANT/SUBSTITUTE LICENSURE**

Applicant's Name _____ **Social Security Number** _____

I, _____, hereby certify that I have verified that the above applicant:
Printed Name of Superintendent or his/her Designee

_____ is at least eighteen (18) years of age, and at least twenty-one (21) years of age if substituting at the high school level
_____ has earned a high school diploma or high school diploma equivalency, and

EDUCATIONAL ASSISTANTS

_____ has satisfactorily completed an orientation session relative to his/her assignment.

SUBSTITUTE TEACHERS

Select at least two applicable items from group A or one applicable item from group B below:

GROUP A:

_____ has, within 12 months of date for initial employment with a local district, received on-the-job training by serving as a voluntary assistant to a licensed teacher in a school classroom for a minimum of 3 hours during 3 days.

_____ has observed 3 hours or more of teaching in a school system and at the grade level of students in which he/she will serve.

_____ has completed a substitute teacher workshop conducted by or acceptable to the local school district in which the substitute teacher is employed or seeking employment.

_____ has within the past 3 years of application for employment or certification, performed at least 3 hours of instructional services as a substitute teacher in any school accredited or recognized by the Public Education Department.

_____ has engaged in paid employment during the three years prior to applying for substitute teaching employment which, in my opinion, is relevant work or life experience.

_____ has completed at least 60 hours of college-credit courses from a regionally accredited college or university.

_____ has completed, or is currently enrolled in, an approved course or program from a regionally accredited college or university, where the course or program is structured to provide primary/secondary school teacher preparation.

GROUP B:

_____ has completed an approved teacher preparation program from a regionally accredited college or university.

_____ possesses a current substitute or standard teaching license issued by an educator licensure issuing agency of another state. **State:** _____ **License number:** _____

(Signature of Superintendent or his/her Designee)

Date: _____

District / Private School / Charter School:
