

PORTALES MUNICIPAL SCHOOLS

575-356-7000 501 South Abilene
Portales, NM 88130 Fax 575-356-4377

SUPERINTENDENT'S RECOMMENDATION FORM FOR CONTINUING LICENSURE

LICENSE HOLDER INFORMATION: _____ File/License No. _____

Name: _____ SN: _____

Signature: _____ Date: _____

EMPLOYER INFORMATION

Public School District/Nonpublic School Name: _____

Evaluator's Name: _____

Signature: _____ Date: _____

SUPERINTENDENT'S RECOMMENDATION (Please check applicable boxes)

Administrative National Board Certification - I Verify that Licensee has taught for 3 years while holding the appropriate level of license.

Teacher Level 2 or Level 3A

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

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: _____