



Todd Torgerson  
CHIEF OF HUMAN RESOURCES  
AND LEGAL SUPPORT

**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

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: \_\_\_\_\_

Revised 07-18-18