

# IDAHO DISTRICT/CHARTER RECOMMENDATION: Professional Endorsement

## INSTRUCTIONAL OR PUPIL PERSONNEL SERVICES

This form or the district's/charter's own recommendation form may be used by the superintendent/charter administrator or official responsible for teacher certification to verify the completion of components required for Professional Endorsement. It is the responsibility of the applicant to have the District/Charter Recommendation completed.

### SECTION 1: To be completed by the applicant:

Applicant's Legal Name-Last, First, Middle	Maiden/Former Name
Current Personal Street Address	Date of Birth
City, State, Zip	EDUID #

### SECTION 2: To be completed by the official responsible for certification requirement verification once all the requirements indicated below have been met:

Based on personnel records, this statement **MUST** be prepared and signed by the superintendent/charter administrator or the official responsible for teacher certification to verify the completion of components required for Professional Endorsement where the applicant is/was employed. Stamped signatures **MUST** be initialed by the individual using the stamp. Please return completed form to the applicant.

Professional Endorsement Requirements ID §33-1201A	Meets this Requirement
<b>EXPERIENCE:</b> Applicant has held a certificate for at least three (3) years OR has completed a state board of education approved interim certificate of three (3) years or longer.	Met as of July 1, 20____.
<b>PROFESSIONAL COMPENSATION RUNG PERFORMANCE:</b> Applicant has met the professional compensation rung performance criteria for two (2) of the three (3) previous years OR the third year. The criteria is: <ul style="list-style-type: none"> <li>An overall rating of proficient and no components rated as unsatisfactory on the state framework for teaching evaluation; and</li> <li>Majority of their students have met their measurable student achievement targets.</li> </ul>	<input type="checkbox"/> YES
<b>ANNUAL INDIVIDUALIZED PROFESSIONAL LEARNING PLAN:</b> Applicant has an individualized professional learning plan developed with their district/charter supervisor.	<input type="checkbox"/> YES

The above named applicant is recommended for the professional endorsement.

\_\_\_\_\_

Name of School District/Charter

\_\_\_\_\_

District/Charter Number

\_\_\_\_\_

Signature of the Superintendent/Charter Administrator

\_\_\_\_\_

Date

**PLEASE RETURN COMPLETED FORM TO THE APPLICANT**

Mail completed form to:  
 State Department of Education, Certification  
 PO Box 83720, Boise, ID 83720-0027