

District/Charter and Mentor Recommendation for Alternative Authorization – Teacher to New Endorsement OPTION II or III Completers

This form must be completed, signed and included with the application for completers of Option II or III of the Alternative Authorization – Teacher to New Endorsement in order to qualify for the district/charter requested endorsement. The intent of this form is to verify completion of a one-year state-board approved mentor program and successful evaluations.

Section I – Applicant’s Full Legal Name	Date of Birth	EDUID (Optional)
Section II – Option Completed		
Check the applicable program completed		
<input type="checkbox"/> Option II: Master’s Degree and Mentoring Route <input type="checkbox"/> Option III: Content Assessment and Mentoring Route		
Section III – Endorsement/Assignment Verification		
List the endorsement title, assignment/area of instruction taught, and content grade level range.		
Endorsement Title	Assignment/Area of Instruction and Content Grade Level	
Section IV – Mentor Verification		
The mentor assures the candidate demonstrates the competencies below:		
<input type="checkbox"/> The mentor assures the applicant is able to develop and revise a classroom management plan to include managing classroom procedures for efficient operation of the classroom and responding to student behavior to maximize instruction.		
<input type="checkbox"/> The mentor assures the applicant is able to develop a variety of instructional strategies to engage students in learning, meet the needs of diverse learners, and differentiate instruction.		
<input type="checkbox"/> The mentor assures the applicant is able to create, revise, implement, administer, and interpret student performance data from a variety of assessment types, including but not limited to formative, interim and summative assessments .		
Signature of the Mentor Teacher	Date	
Printed Name	Title	

Section V – District/Charter Verification

The district/charter assures the candidate has completed the items below:

District/Charter:

District/Charter #:

 The administrator assures the applicant has completed a one (1) year mentor program based on the [Idaho Mentor and Induction Program Standards](#) established by the State Board of Education. The administrator assures the applicant has achieved one (1) year successful evaluations in the assignment area which aligns to the endorsement(s) listed above. Section 33-1001, Idaho Code. The administrator assures the applicant has developed an Individual Professional Learning Plan (IPLP).**Signature of Administrator****Date****Printed Name****Title** The superintendent/charter administrator verifies the information in this form is true and accurate.**Signature of Superintendent/Charter Administrator****Date****Printed Name****Title**