

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

This form is to be signed **after** the completion of the one-year state board approved mentoring program under the Alternative Authorization – Teacher to New. To qualify for the district/charter requested endorsement include, this signed form along with the applicable application to add the new endorsement (see certificate for individual requirements). The signatures indicate verification that the candidate has completed the mentoring program.

| Section I – Applicant’s Full Name | Date of Birth | EDUID |
|---|---|-------|
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| Section II – Select Teacher to New Option Used to Obtain Endorsement | | |
| <input type="checkbox"/> Option II: Master’s Degree and completing a one-year state board approved mentoring program <input type="checkbox"/> Option III: Content Assessment <ul style="list-style-type: none"> ○ Praxis and completing a one-year state board approved mentoring program OR ○ Rubric and completing a one-year state board approved mentoring program OR ○ BA in the content area and completing a one-year state board approved mentoring program | | |
| Section III – List Endorsement/Assignment Verification | | |
| Endorsement Title (List endorsement number) | Assignment/Area of Instruction (List assignment number) | |
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Section IV – Mentor Verification

I, the mentor, assure the candidate has demonstrated the competencies below, during the one-year mentoring:

- Development and revision to classroom management plans, including managing classroom procedures for efficient operation of the classroom and responding to student behavior to maximize instruction.
- Demonstrated a variety of instructional strategies to engage students in learning, to meet the needs of diverse learners, and differentiate instruction.
- The applicant has demonstrated ways 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](#)

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|---------------------|-------|
| Printed Mentor Name | Title |
| Mentor Signature | Date |

Section V – District/Charter Verification

I, the district/charter administrator assure the candidate has completed the items below:

District/Charter School Name:

- 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 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 applicant has developed an Individual Professional Learning Plan (IPLP).

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|----------------------------|-------|
| Printed Administrator Name | Title |
| Administrator Signature | Date |

Section VI – Superintendent/Charter Administrator Verification

I, the Superintendent/Charter Administrator, verify the information in this form is true and accurate.

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|---|-------|
| Printed Superintendent/Charter Administrator Name | Date |
| Superintendent/Charter Administrator Signature | Title |