ADVANCED PROFESSIONAL ENDORSEMENT – IN STATE

RECOMMENDATION FOR IDAHO INSTRUCTIONAL OR PUPIL SERVICE STAFF WHO HAVE TAUGHT FOR EIGHT (8) YEARS OR MORE IN IDAHO

| Applicant's Full Legal Name | Maiden/Former Name |
|-----------------------------|--------------------|
| EDUID # | Date of Birth |

To be completed by the applicant's superintendent/charter administrator or their designee once all requirements indicated below are met:

| Advanced Professional Endorsement Requirements | |
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| EXPERIENCE: | |
| Applicant has held an Idaho instructional or pupil service staff certificate for eight (8) years or more, and Applicant has been employed in an Idaho public or accredited private school for eight (8) years or more. | L YES |
| PROFESSIONAL COMPENSATION RUNG PERFORMANCE CRITERIA: Applicant has met the following | |
| professional compensation rung performance criteria for four (4) of the five (5) previous years OR the third, fourth, and fifth year: | |
| An overall rating of proficient or higher, with no components rated as unsatisfactory on the state framework for teaching evaluation; and | YES |
| Majority of applicant's students have met their measurable student achievement targets or student success indicator targets. | |
| ADVANCED PROFESSIONAL COMPENSATION RUNG PERFORMANCE CRITERIA: Applicant has met the following advanced professional compensation rung performance criteria for three (3) of the five (5) previous years: An overall rating of proficient or higher, no components rated as unsatisfactory or basic, and rated as distinguished overall in Domain II – Classroom Environment or Domain III – Instruction and Use of Assessment on the state framework for teaching evaluation; and Seventy-five percent (75%) or more of applicant's students have met measurable student achievement targets or student success indicator targets. | TYES |
| DISTRICT LEADERSHIP ROLE: During three (3) of the five (5) previous years, applicant has served in an additional building or district leadership role in an Idaho public school. | |
| ANNUAL INDIVIDUALIZED PROFESSIONAL LEARNING PLAN: Applicant has an individualized professional learning plan developed with their district/charter supervisor. | |

I certify the above-named applicant has completed all of the requirements for an Advanced Professional Endorsement, and I recommend the above-named applicant to receive the Advanced Professional Endorsement with an effective date of **July 1**, _____.

Name of Idaho School District/Charter

District/Charter Number

Idaho Superintendent/Charter Administrator/Designee Signature

Date

Email completed form to: professionalendorsements@sde.idaho.gov

Questions? Call 208-332-6882