PROFESSIONAL ENDORSEMENT - IN STATE

RECOMMENDATION FOR IDAHO INSTRUCTIONAL OR PUPIL SERVICE STAFF WHO HAVE TAUGHT FOR THREE (3) 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/charrequirements indicated below are met:	rter administrator or their designee once all
Professional Endorsement Requirements	
 Applicant has held an Idaho instructional or pupil se or more, and Applicant has been employed in a Idaho public or ac years or more. 	YI
PROFESSIONAL COMPENSATION RUNG PERFORMANCE CR Applicant has met the following professional compensation of the three (3) previous years OR the third year: • An overall rating of proficient or higher, with no constate framework for teaching evaluation; and • The majority of applicant's students have met meas student success indicator targets.	rung performance criteria for two (2) mponents rated as unsatisfactory on the
ANNUAL INDIVIDUALIZED PROFESSIONAL LEARNING PLAN Applicant has an individualized professional learning plan de supervisor.	
I certify the above-named applicant has suc Professional Endorsement, and I recomment receive the Professional Endorsement with	nd the above-named applicant to
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