

# ADVANCED PROFESSIONAL ENDORSEMENT RECOMMENDATION – 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/Formal Name
EDUID #	Date of Birth

I certify that the above-named applicant has met all the following criteria for an Advanced Professional Endorsement:

- Applicant has held a Professional Endorsement for five (5) years or more.
- Applicant has held an Idaho instructional or pupil service staff certificate for eight (8) years or more.
- Applicant has been employed in Idaho public or accredited private schools for eight (8) years or more.
- Applicant has met the following professional compensation rung performance criteria in 4 of the 5 previous years or the 3rd, 4th and 5th year:
  - An overall rating of proficient or higher, with no components rated as unsatisfactory on the state framework for teaching evaluation, and
  - Majority of applicant's students have met measurable student achievement targets or student success indicator targets.
- Applicant has met the following advanced professional compensation rung performance criteria in 3 of the 5 previous years:
  - An overall rating of proficient or higher, with 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
  - Seventy-five percent (75%) or more of applicant's students have met measurable student achievement targets of student success indicator targets
- During 3 of the 5 previous years, applicant has served in an additional building or district leadership role in an Idaho public school.
- Applicant has an individualized professional learning plan developed with their district/charter supervisor.

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](mailto:professionalendorsements@sde.idaho.gov)  
Questions? Call 208-332-6879