PROFESSIONAL ENDORSEMENT RECOMMENDATION - IN STATE

RECOMMENDATION FOR IDAHO INSTRUCTIONAL OR PUPIL SERVICE STAFF WHO HAVE TAUGHT FOR THREE (3) YEARS OR MORE IN IDAHO

Maiden/Former Name

EDUID #		Date of Birth	
I certify that the abo	ove-named applicant has met all the following	ng criteria for a Professional Endorsement:	
• Applicant has held an Idaho instructional or pupil service staff certificate for three (3) years or more.			
 Applicant has more. 	s been employed in an Idaho public or accred	lited private school for three (3) years or	
 Applicant has met the following professional compensation rung performance criteria for two (2) of the three (3) previous years OR the third year: 			
 An overall rating of proficient or higher, with no components rated as unsatisfactory on the state framework for teaching evaluation; and 			
	 The majority of applicant's students have met measurable student achievement targets or student success indicator targets. 		
 Applicant has an individualized professional learning plan developed with their district/charter supervisor. 			

I recommend the above-named applicant to receive the Professional Endorsement with an effective date of

<u>July 1, .</u>	
Name of Idaho School District/Charter	District/Charter Number
Idaho Superintendent/Charter Administrator/ Designee Signature	Date

Email completed form to: <u>professionalendorsements@sde.idaho.gov</u>

Questions? Call 208-332-6879

Applicant's Full Legal Name