

# IDAHO DISTRICT/CHARTER RECOMMENDATION: Professional Endorsement

## INSTRUCTIONAL OR PUPIL SERVICE STAFF

This form or the district's/charter's own recommendation form may be used by the superintendent/charter administrator to verify the completion of the requirements for Professional Endorsement.

**SECTION 1: To be completed by the applicant:**

Applicant's Legal Name-Last, First, Middle	Maiden/Former Name
Current Personal Street Address	Date of Birth
City, State, Zip	EDUID #

**SECTION 2: To be completed by the superintendent/charter administrator once all the requirements indicated below have been met:**

Based on personnel records, this statement must be prepared and signed by the superintendent/charter administrator to verify the completion of the requirements for Professional Endorsement where the applicant is/was employed.

Professional Endorsement Requirements ID §33-1201A	Meets this Requirement
<p><b>EXPERIENCE</b> Applicant has held a certificate for at least three (3) years OR has completed a state board of education approved interim certificate of three (3) years or longer.</p>	Met as of July 1, ____.
<p><b>PROFESSIONAL COMPENSATION RUNG PERFORMANCE CRITERIA</b> Applicant has met the professional compensation rung performance criteria for two (2) of the three (3) previous years OR the third year. The criteria is:</p> <ul style="list-style-type: none"> <li>An overall rating of proficient or higher, and no components rated as unsatisfactory on the state framework for teaching evaluation; and</li> <li>Majority of their students have met their measurable student achievement targets or student success indicator targets.</li> </ul>	<input type="checkbox"/> YES
<p><b>ANNUAL INDIVIDUALIZED PROFESSIONAL LEARNING PLAN</b> Applicant has an individualized professional learning plan developed with their district/charter supervisor.</p>	<input type="checkbox"/> YES

The above-named applicant is recommended for the Professional Endorsement.

\_\_\_\_\_  
Name of School District/Charter

\_\_\_\_\_  
District/Charter Number

\_\_\_\_\_  
Signature of the Superintendent/Charter Administrator

\_\_\_\_\_  
Date

Mail completed form to:  
State Department of Education, Certification  
PO Box 83720, Boise, ID 83720-0027