

## SUPERINTENDENT'S RECOMMENDATION FORM FOR CONTINUING LICENSURE

### LICENSE HOLDER INFORMATION

File/License No. \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### EMPLOYER INFORMATION

Public School District/Nonpublic School Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SUPERINTENDENT'S VERIFICATION AND RECOMMENDATION (Please check applicable boxes)

School Nurse

Related Service Provider

School Counselor

Rehabilitation Counselor

School Social Worker

If the holder seeks a level 3A Social Worker license, you must verify the completion of the supervised experience and must attach a valid independent social worker license issued by the NM Social Worker Examiners Board. (see rule)

Educational Diagnostician

If the holder seeks a level 2 or level 3 Educational Diagnostician, you must verify 3 full school years of experience and completion of the required supervised experience/mentorship. (see rule)

School Psychologist

If the holder seeks a level 2 School Psychologist license, you must verify the **completion of the supervised experience and must attach a valid psychologist or psychologist associate license issued by the NM Board of Psychology Examiners or a license as a licensed professional clinical mental health counselor issued by the NM Counseling & Therapy Board or a school psychologist license by the National Association of School Psychologists.** (see rule)

If the holder seeks a level 3A School Psychologist license, you must verify the **completion of the supervised experience and must attach a valid psychologist license issued by the NM Board of Psychology Examiners or a school psychologist license by the National Association of School Psychologists.** (see rule)

**I Verify that Licensee IS satisfactorily demonstrating** the essential competencies in the area(s) listed above and is hereby recommended for licensure. *(Do not attach licensee's evaluation.)*

Superintendent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I Verify that Licensee IS NOT satisfactorily demonstrating** the essential competencies in the area(s) listed above and is not recommended for licensure. *(Attach licensee's latest evaluation plus memos of 2 conferences with licensee held at least 90 days apart.)*

Superintendent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_