



**POJOAQUE**  
**VALLEY SCHOOL DISTRICT**

1574 State Road 502  
Santa Fe, New Mexico 87506  
P: 505-455-2282 / F: 505-455-7152  
[www.pvs.k12.nm.us](http://www.pvs.k12.nm.us)

Dr. Melville L. Morgan  
Superintendent of Schools

Sondra A. Adams  
Associate Superintendent

Michelle M. Ortiz  
Business Manager

Staci Mascareñas  
Human Resources Director

**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)

**Coach** - The coach has 3 years of athletic coaching experience. *\*Please provide NMAA First Aid, Health & Safety for Coaches Certificate*

**Attendance Coach**

**Educational Assistant**

**School Health Assistant**

**Substitute Teacher** - The substitute teacher has completed one or more of the following:

has earned 3 college or university semester hours in relevant area of study.

has completed 48 hours in district’s approved professional development.

has provided 270 hours of instructional services as a substitute.

**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: \_\_\_\_\_

**Pojoaque Valley Schools Board of Education**

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President

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