

Dr. Melville L. Morgan
Superintendent of Schools

Sondra A. Adams
Associate Superintendent



POJOAQUE
VALLEY SCHOOL DISTRICT

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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 RECOMMENDATION (Please check applicable boxes)

- Related Service Provider (ADSAC/PT/PTA/OT/COTA/LPN/OMS/RT/SLP) School Nurse
- Rehabilitation Counselor School Counselor* School Social Worker

*A School Counselor can renew after completing 160 days (and 90 days starting the school year) as an instructional service provider. All other instructional support providers can renewed after completing 3 years on current/valid level license.

Educational Diagnostician Must Verify the completion of 1200 hours of supervised experience as an educational diagnostician (i.e., minimum of 400 internship hours and 800 post internship supervised hours in a school-related setting).

School Psychologist

If the holder seeks a level 2 School Psychologist license, must hold a valid Level 1 license for 3 years & you must verify the completion of the supervised experience and must attach a valid psychologist, psychologist associate or professional clinical mental health counselor 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, must hold a valid Level 1 license for 3 years & 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: _____