



Dr. Melville L. Morgan
Superintendent of Schools

Sondra A. Adams
Associate Superintendent

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

Michelle M. Ortiz
Business Manager

Staci Mascareñas
Human Resources Director

**SUPERINTENDENT'S RECOMMENDATION FORM FOR ADVANCING
Via the NMTEACH Summative Evaluation**

LICENSE HOLDER INFORMATION: FILE/LICENSE NO. _____

NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____

EMPLOYER INFORMATION:

DISTRICT/CHARTER NAME: _____

EVALUATOR'S NAME: _____

SIGNATURE: _____ DATE: _____

SUPERINTENDENT'S VERIFICATION AND RECOMMENDATION:

_____ I verify that Licensee received a rating of Effective on their 2017-2018 Summative Evaluation and is hereby recommended for licensure advancement. Licensee meets or exceeds 50% of VAS (Student Achievement Measures) on 2017-2018 NMTEACH summative forms and may bypass the Professional Development Dossier (PDD).

_____ I verify that Licensee received a rating of Highly Effective on their 2017-2018 Summative Evaluation and is hereby recommended for licensure advancement. Licensee meets or exceeds 50% of VAS (Student Achievement Measures) on 2017-2018 NMTEACH summative forms and may bypass the Professional Development Dossier (PDD).

_____ I verify that Licensee received a rating of Exemplary on their 2017-2018 Summative Evaluation and is hereby recommended for licensure advancement. Licensee meets or exceeds 50% of VAS (Student Achievement Measures) on 2017-2018 NMTEACH summative forms and may bypass the Professional Development Dossier (PDD).

Superintendent's Signature: _____ **Date:** _____

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