



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 CONTINUING LICENSURE

LICENSE HOLDER INFORMATION:

FILE/LICENSE NO. _____

NAME: _____

SSN: _____

SIGNATURE: _____

DATE: _____

EMPLOYER INFORMATION:

DISTRICT/CHARTER NAME: Pojoaque Valley School District

EVALUATOR'S NAME: _____

SIGNATURE: _____ DATE: _____

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

- Administrator National Board Certification - I Verify that Licensee has taught for 3 years while holding the appropriate level of license.
- Teacher Level 2 or Level 3A

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 2 conferences with licensee held at least 90 days apart.)

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

Pojoaque Valley Schools Board of Education

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Vice-President

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