



Division of Human Resources

## Professional Education Competence Verification

Teacher's Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

School: \_\_\_\_\_

This is to certify that the competencies required for certification have been demonstrated for this teacher. All documentation is on file in my school.

In my best professional judgment, this teacher has  has not  successfully demonstrated Professional Education Competence.

*Principal's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Send (by April 1st) to: Michael Jacobi, Certification Analyst  
Human Resources  
District Office**