

Hawai'i Teacher Standards Board
 650 Iwilei Road, Suite 201
 Honolulu, HI 96817



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 htsb@hawaii.gov
 808-586-2600

EDUCATOR PREPARATION PROGRAM RECOMMENDATION

Complete and sign Section 1 before sending this form to the administrator of your educator preparation program.
 Ask your program to return this form to HTSB at the address indicated at the top of this form. Forms can also be emailed or faxed.

1. PERSONAL INFORMATION. Type or print in blue ink.

Last 4 digits of Social Security Number **XXX - XX -** _____ Date of Birth: ____/____/_____
 _____ Phone _____
 (Last name) (First name) (MI)
 Current Mailing Address _____ City _____ State _____ Zip _____
 Non Lotus Notes E-mail Address _____ Telephone _____

DISCLAIMER: I hereby authorize the release of the information regarding my professional education program from which I am making this request.

Applicant signature _____ Date _____

2. AUTHORIZED ADMINISTRATOR OF EPP TO COMPLETE THIS SECTION. (APPLICANT: DO NOT WRITE BELOW THIS LINE)

To Authorized Official of Educator Preparation Program: This applicant has applied for a Hawai'i teaching, school counseling and/or school librarian's license. Please check the appropriate area(s) to verify the state approved educator preparation program completed, and basic skills and content knowledge accepted.

Does this program lead to licensure in a state? _____ State _____ Program Completion Date: _____

How were basic skills and content knowledge evaluated for the candidate?

BASIC SKILLS: Bachelor's Degree Transcripts SAT Scores ACT Scores State approved licensure test

CONTENT KNOWLEDGE: State approved licensure test Advanced Degree Content Major
 30 hours of coursework National Board Certification

Please indicate the field and grade level(s) qualified to teach, and the grade level(s) of student teaching placement.

	Grade Level	Student Teaching Grade Level(s)
<input type="checkbox"/> EARLY CHILDHOOD		
<input type="checkbox"/> ELEMENTARY		

Field	Grade Level	Student Teaching field(s) & Grade Levels(s)
<input type="checkbox"/> MIDDLE LEVEL		
<input type="checkbox"/> SECONDARY		
<input type="checkbox"/> K-12 PROGRAM		
<input type="checkbox"/> P-12 PROGRAM		

Field	Grade Level	Student Teaching Grade Level(s)	<input type="checkbox"/> Mild/Moderate	<input type="checkbox"/> Severe/profound
<input type="checkbox"/> SPECIAL EDUCATION			<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Blind/Visually Impaired
			<input type="checkbox"/> Orientation & Mobility	<input type="checkbox"/> Orthopedic

Field	Grade Level	Student Teaching field(s) & Grade Level(s)
<input type="checkbox"/> OTHER		

Verification from Official of Education Preparation Program: I hereby verify that the above named applicant has satisfactorily completed a state approved educator preparation program in the area(s) checked above.

Signature of Official of Educator Preparation Program _____ Print Name _____ Date _____

Name and Address of Program _____ City _____ State _____ Phone, including Area Code _____

E-Mail Address _____ If an IHE, Regional Accreditation _____