

Hawai'i Teacher Standards Board 650 Iwilei Road, Suite 268 Honolulu, HI 96817



www.htsb.org 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: ____/____/____

(Last name) (First name) (MI) Current Mailing Address City State Zip

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 30 hours of coursework Advanced Degree National Board Certification Content Major

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)

Table with 3 columns: Field, Grade Level, Student Teaching Grade Level(s). Rows for EARLY CHILDHOOD and ELEMENTARY.

MIDDLE LEVEL SECONDARY K-12 PROGRAM P-12 PROGRAM Field Grade Level Student Teaching field(s) & Grade Levels(s)

Table with 3 columns: Field, Grade Level, Student Teaching field(s) & Grade Levels(s).

Grade Level Student Teaching Grade Level(s) Mild/Moderate Severe/profound Deaf/Hard of Hearing Blind/Visually Impaired Orientation & Mobility Orthopedic

Table with 3 columns: Field, Grade Level, Student Teaching field(s) & Grade Level(s). Row for SPECIAL EDUCATION.

Table with 3 columns: Field, Grade Level, Student Teaching field(s) & Grade Level(s). Row for 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