

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



www.hawaiiteacherstandardsboard.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 email this form to HTSB at htsb@hawaii.gov or return to you to upload to your HTSB account.

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

HTSB ID _____

(Last name) (First name) (MI) _____
Current Mailing Address _____ 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: _____

Does this applicant hold a bachelor's degree? _____

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		

MIDDLE LEVEL SECONDARY K-12 PROGRAM P-12 PROGRAM

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

<input type="checkbox"/> SPECIAL EDUCATION		
--	--	--

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. Please sign or e-sign below.

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, Accreditation