

PATHWAY 2 PEDAGOGY ASSESSMENT/ EMPLOYER SUPPORT VERIFICATION

Use this form to verify support for an individual seeking a pathway 2 endorsement, by providing an opportunity and setting for a pedagogy assessment in the desired endorsement area.

SECTION A

TO BE COMPLETED BY CANDIDATE				
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
4. CITY/STATE/ZIP				5. SOCIAL SECURITY NO (OPTIONAL)
6. TELEPHONE		7. WA CERTIFICATE NO.		8. E-MAIL ADDRESS
Business ()		Home ()		
9. ENDORSEMENTS ALREADY HELD				10. DESIRED ENDORSEMENT
				11. CERTIFICATE NUMBER

SECTION B

TO BE COMPLETED BY EMPLOYER SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY	
<p>Statement Supporting the Teacher's Pedagogy Assessment in the Desired Endorsement Area</p> <p>Based on our knowledge/evaluation of this teacher candidate, we support _____, (Teacher's name)</p> <p>employed as a teacher in the _____ School District, (Name of school district, approved private school, or state agency providing educational services)</p> <p>approved private school, or state agency providing educational services to students, in seeking the following additional endorsement:</p> <p>_____, and we commit to providing a setting in which (Desired endorsement)</p> <p>_____ College or University may conduct the assessment. (Name of college/university)</p>	
NAME OF SCHOOL DISTRICT/ESD/PRIVATE SCHOOL	DATE
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE	NAME (PRINTED)
()	
SIGNATURE AND TITLE	