

Office of Educator Certification

Educator Permit District Renewal Recommendation

Type all information or use blue or black ink.

CTE Instructor

Part 1 – Applicant Information to be completed by the employing school district.		
Certificate Number:	Expiration Date:	Maiden/Previous Last Name:
Last Name:	First Name:	
Part 2 – School district sign off to recommend renewal of CTE Instructor for five years. Email completed form to certification@state.sd.us		
Public or Department-Accredited School:	School Building:	
Grade Level:	Content Area:	
<u>Teaching Assignment Numbers as listed in PRF:</u>		
Has the applicant completed a four-credit mentored internship? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when will it be completed?		
Has the applicant completed two credits in methods of CTE? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when will it be completed?		

We, the Public or Department-Accredited School, understand that:

- a mentor teacher must be provided to the applicant;
- we will have a program to assist the CTE instructor with academic and classroom support;
- we will regularly observe, guide, and evaluate the performance of assigned duties; and
- we must recommend the CTE instructor for renewal based on documented performance and progress.

Print Name of Authorized Official:	Print Title of Authorized Official:		
Email Address:	Telephone Number:		
Address:			
City:	State:	Zip Code:	
Signature of Authorized Official:			Date: