



Division of Human Resources

Professional Education Competence Verification

Teacher's Name: _____

Employee ID: _____

School: _____

This is to certify that the competencies required for certification have been demonstrated for this teacher. All documentation is on file in my school.

In my best professional judgment, this teacher has has not successfully demonstrated Professional Education Competence.

Principal's Signature: _____ *Date:* _____

**Send (by April 1st) to: Michael Jacobi, Certification Analyst
Human Resources
District Office**