Alachua County Public Schools

DEPARTMENT OF PERSONNEL SERVICES

PROFESSIONAL EDUCATION COMPETENCE VERIFICATION

TEACHER'S NAME: _____

SOCIAL SECURITY NUMBER: _____

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 successfully demonstrated Professional Education Competence.**

☐ **Has <u>not</u> successfully demonstrated Professional Education Competence.**

_____ _____

Principal's Signature **Date**

Send white copy (by April 1st) to: **Michael Jacobi, Certification Analyst**
Personnel Services
Kirby-Smith Center

Form No: PER 045.007
Revised date: 10/20/05

DISTRIBUTION: White – Certification Analyst
Yellow – Principal