



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 _____ has not _____ 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**