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▲ Name \_\_\_\_\_

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▲ Tenure Area \_\_\_\_\_ ▲ Tenure Effective \_\_\_\_\_

**Section A – Procedures**

1. I recommend the above candidate for tenure.  
**YES** [ ] *If yes, go on to Section B. NO* [ ] *If no, stop and call the Personnel Office.*
2. The tenure candidate is certified for this position.  
**YES** [ ] **NO** [ ]. *If no, stop and call the Personnel Office.*
3. The tenure candidate has been evaluated in accordance with the applicable contract and procedures.  
**YES** [ ] **NO** [ ]. *If no, stop and call the Personnel Office.*

**Section B – Tenure Recommendation**

On a separate sheet, to be attached to this Recommendation, please describe, for the person named above, what you have observed in the areas listed below. Add any additional information you would like.

1. Describe evidence that the candidate is enthusiastic about working with students.
2. Describe evidence that the candidate has a good working knowledge of the subject matter, students and/or specialty required for their position.
3. Describe evidence that the candidate has mastered the instructional skills, leadership skills and/or other methodology required for their particular position.
4. Describe evidence that the candidate is committed to continuous improvement and improving their skills through life long learning.
5. Describe evidence that the candidate works well with colleagues. (Leadership qualities for administrators)
6. Other item(s) of interest specific to this candidate (e.g., awards, honors).

▲ Signature (Immediate Supervisor) _____	▲ Date _____
▲ Signature (Program Director) _____	▲ Date _____
▲ Signature (Assistant Superintendent) _____	▲ Date _____
▲ Signature (District Superintendent) _____	▲ Date _____

**Personnel Department Use Only – Certification Status**

**Teaching Assistant**

- |   |  |
|---|--|
| <input type="checkbox"/> Temp _____<br><small>exp. date</small> | <input type="checkbox"/> Level 1 _____<br><small>exp. date</small> |
| <input type="checkbox"/> Cont _____                             | <input type="checkbox"/> Level 2 _____<br><small>exp. date</small> |
|   | <input type="checkbox"/> Level 3 _____                             |
|   | <input type="checkbox"/> Pre-Prof _____                            |

**Teacher/Administrator**

- |  |
|--|
| <input type="checkbox"/> Prov _____<br><small>exp. date</small>    |
| <input type="checkbox"/> Perm _____                                |
| <input type="checkbox"/> Initial _____<br><small>exp. date</small> |
| <input type="checkbox"/> Prof _____                                |

Comment \_\_\_\_\_