

Hawai'i Teacher Standards Board (HTSB) 650 Iwilei Road, Suite 201 Honolulu, HI 96817



Contact: www.htsb.org Phone: (808) 586-2603 Email: licensingsection@htsb.org Fax: (808) 586-2606

INSTITUTIONAL RECOMMENDATION

To Applicant for Hawai'i License: Complete and sign Section 1 before sending this form to the director at the college or university where you completed your state approved teacher education program. Ask your institution to return this form to HTSB.

1. PERSONAL INFORMATION. Type or print in blue ink.

Social Security Number, Date of Birth, (Last name), (First name), (MI), Phone, Current Mailing Address, City, State, Zip, Non Lotus Notes E-mail Address

DISCLAIMER: I hereby authorize the release of the information regarding my professional education program at the institution from which I am making this request.

Applicant signature, Date

APPLICANT: DO NOT WRITE BELOW THIS LINE

To Director of Professional Education Program: This applicant has applied for a Hawai'i teaching, school counseling and/or school librarian's license. Please check the appropriate area(s) to verify the state approved professional education program completed at your institution, and indicate student teaching grade level and program grade level. Return this form to HTSB at the address above.

Program Completion Date:

EARLY CHILDHOOD EDUCATION: Program Grade Level, Student teaching in grade(s)

ELEMENTARY EDUCATION: Program Grade Level, Student teaching in grade(s)

MIDDLE LEVEL EDUCATION: Major Teaching Field(s), Program Grade Level, Student teaching done in grade(s)

SECONDARY EDUCATION: Major Teaching Field(s), Program Grade Levels, Student teaching done in grade(s)

K-12 PROGRAM: Major Teaching Field(s), Student teaching done in grade(s)

SPECIAL EDUCATION: Program Grade Level, Student teaching in grade(s)

Check the field of the Special Education Program: Mild/Moderate, Severe/Profound, Deaf/Hard of Hearing, Blind/Visually Impaired, Orientation and Mobility, Orthopedically Disabled, Special Education

SCHOOL COUNSELING: Program Grade Level, Practicum/Internship in grade(s)

SCHOOL LIBRARIAN: Program Grade Level, Practicum/Internship in grade(s)

READING SPECIALIST: Program Level, Practicum/Internship in grade(s)

Verification from Director of Professional Education Program: I hereby verify that the above named applicant has satisfactorily completed the state approved professional education program in the area(s) checked above.

INCLUDE SCHOOL SEAL OR STAMP ON THIS FORM

Director of Professional Education (Signature), Print Name

Name and Address of Institution, City, State, Phone, including Area Code

E-Mail Address, School Accreditation