

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



Contact: www.htsb.org
Phone: (808) 586-2616
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. Be sure to include a stamped envelope addressed to Hawai'i Teacher Standards Board, 650 Iwilei Road, Suite 201, Honolulu, HI 96817

1. PERSONAL INFORMATION. Type or print in black ink. Social Security Number

Home Phone

(Last name) (First name) (MI)

Current Mailing Address City State Zip

Work Phone E-mail Address

Approved Program(s) Completed Program Completion Date(s)

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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 level, program level and completion date. HAWAII'S PROGRAM LEVELS FOR LICENSURE ARE: PK-3; K-6; 5-9; 7-12; K-12.

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

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

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

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

SPECIAL EDUCATION: Program Level Student teaching in grade(s)
(check the appropriate category)
Hearing Impaired Blind Deaf Mild/Moderate Visually Impaired
Orthopedically Disabled Generalist/Cross-Categorical Severe/Profound Orientation and Mobility

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

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

Program Completion Date:

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

Director of Professional Education (Signature) Print Name and Title

NOTE: MUST INCLUDE SCHOOL SEAL OR STAMP

Name and Address of Institution Phone

E-Mail Address Accredited by