

# INSTITUTIONAL RECOMMENDATION

EC/ECSE, ELEMENTARY, SECONDARY, EXCEPTIONAL CHILD OR PUPIL PERSONNEL SERVICES

## Instructions for Applicants for Idaho Certification

This form or the institution's own recommendation form may be used by the dean of the department of education or the college official responsible for teacher certification to verify the completion of a State Board of Education-approved teacher preparation program. It is the responsibility of the applicant to have the Institutional Recommendation completed. Verification of completion of a State Board of Education-approved teacher preparation program is required to support the application for an Idaho credential.

### 1. To be completed by the applicant OR the college/university official responsible for program verification:

Applicant's Name (last name, first name)	Initial	Maiden Name	Dates of Attendance From _____ To _____	Social Security #
Current Personal Street Address	City		State	Zip

Items 2, 3 and 4 are to be completed by the college or university official responsible for program verification.

### 2. Program Information:

Please check the appropriate area(s) to indicate completion of an approved program in:

- EARLY CHILDHOOD/EARLY CHILDHOOD SPECIAL EDUCATION BLENDED (Birth thru Grade 3)**
- ELEMENTARY EDUCATION:**  
Student teaching done in grade(s) \_\_\_\_\_
- SECONDARY EDUCATION:**  
Student teaching done in grade(s) \_\_\_\_\_ Minor teaching endorsement(s) \_\_\_\_\_  
Major teaching endorsement(s) \_\_\_\_\_
- SPECIAL EDUCATION: (check the appropriate box listed below, MUST be a 30 semester credit program.)**
  - Generalist
  - Hearing Impaired
  - Visually Impaired

#### PUPIL PERSONNEL SERVICES: (check the appropriate endorsement area(s) listed below)

- School Guidance/Counseling (with 700 clock hours, 75% in grades K-12 setting; to include elementary, middle and high school)
- School Social Work
- School Psychologist
- Communications Disorders (Speech Pathology & Audiology)
- Audiology

### 3. Idaho Mandated Assessment Assurances (for Idaho graduates only):

Applicant has passed the approved Idaho reading assessment?  YES  NO

### 4. PRAXIS II Assessment(s) Taken by Applicant:

Name of the Test(s) Taken	Test Number(s)	Test Score(s)
	#	
	#	
	#	

**5. Program Completion Information:** This form should be submitted when the applicant has completed ALL program requirements. If the program was completed over 2 years ago, the applicant will be responsible for meeting all current requirements established by the Idaho State Department of Education before a credential can be issued.

Program Completion Date: \_\_\_\_\_

The above-named applicant is recommended for certification in the area(s) checked in #2 above.

\_\_\_\_\_  
Name of College/University

\_\_\_\_\_  
State

\_\_\_\_\_  
Signature of the College/University

\_\_\_\_\_  
Date