PATHWAY 2 PEDAGOGY ASSESSMENT/ DISTRICT SUPPORT VERIFICATION

Use this form to verify support for an individual seeking a pathway 2 endorsement, by providing an opportunity and setting for a pedagogy assessment in the desired endorsement area.

SECTION A

TO BE COMPLETED BY CANDIDATE

1. NAME LAST FIRST MIDDLE MAIDEN/FORMER NAME

2. ADDRESS

3. DATE OF BIRTH

4. CITY/STATE/ZIP

5. SOCIAL SECURITY NO (OPTIONAL)

6. TELEPHONE
   Business ( ) Home ( )

7. WA CERTIFICATE NO.

8. E-MAIL ADDRESS

9. ENDORSEMENTS ALREADY HELD

10. DESIRED ENDORSEMENT

11. CERTIFICATE NUMBER

SECTION B

TO BE COMPLETED BY SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY

Statement Supporting the Teacher’s Pedagogy Assessment in the Desired Endorsement Area

__________________________________ commit to providing a setting in which

(Name of school district, approved private school, or state agency providing educational services)

__________________________________ may conduct the assessment for ______________

(Name of college/university) (Teacher’s name)

to add the following endorsement(s): ____________________________

(Desired endorsement)

NAME OF SCHOOL DISTRICT/ESD/PRIVATE SCHOOL DATE

ADDRESS

CITY/STATE/ZIP

TELEPHONE ( ) NAME (PRINTED)

SIGNATURE AND TITLE

FORM SPI 4422 (Rev. 3/10)