 District Request and Assurance Form

Teacher Certification –Alaska Department of Education and Early Development

# APPLICANT INFORMATION

Last Name:       First Name:       M.I.:

Last Four of Social Security Number:      Date of Birth:       Gender:

* **The remaining sections below are to be completed by the school district designee, NOT the applicant.**

# CERTIFICATE INFORMATION

Indicate which of the following district-sponsored certificates the applicant is applying.

[ ]  Emergency Teacher or Administrator [ ]  Limited Type W: Immersion World Language [ ]  Limited Type M

[ ]  Initial Teacher Program Enrollment [ ]  Initial Special Services Program Enrollment

[ ]  Limited Superintendent Certificate [ ]  Limited Type I: Educational Assistant [ ]  Other:

# DISTRICT INFORMATION

Alaska School District or Educational Organization:

District Office Address:       City:      State:    Zip Code:

District Phone Number:       District Fax Number:

Superintendent or Chief School Administrator Email Address:

# PLACEMENT

Indicate the applicant’s placement within the district or educational agency. (Individuals holding an emergency certificate may not be placed in a Special Education position.)

**Location/Position Content Area Grade Level(s)**

# ASSIGNED MENTOR

Districts must provide a certified, experience mentor for individuals applying for the district-sponsored certificate. Indicate the name of the mentor assigned to this applicant.

**Name Current Certificate Type Years of Experience**

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# DISTRICT EVALUATION (WORLD LANGUAGE ONLY)

An applicant may use a district developed assessments, analysis, or evaluations to meet the requirements of the Limited Type W Immersion World Language certificate. If this applicant was assessed or evaluated by the district in one or more of the following areas, please indicate which district-based assessment was utilized. Include a copy of the assessment, analysis, or evaluation with this form.

**[ ]  World Language Assessment**Assessment results recognized by a tribal government or school district at a level comparable to advanced low-level proficiency or higher based on the [American Council on the Teaching of Foreign Language (ACTFL) proficiency guidelines](https://www.actfl.org/uploads/files/general/ACTFLProficiencyGuidelines2012.pdf) (https://www.actfl.org/uploads/files/general/ACTFLProficiencyGuidelines2012.pdf) in the world language.

**[ ]  Content Area Competency** (Provide one of the following for one or more of the endorsement areas requested.)

**[ ]  Transcript Analysis**Submit a transcript analysis conducted by your school district documenting content area competency for one or more of the requested endorsement areas.

**[ ]  Content Area Evaluation**Submit a school district evaluation that demonstrates content area competency for one or more of the requested endorsement areas.

# EMERGENCY DETAILS

If the request is for an emergency certificate or special education waiver, districts must describe the nature of the emergency, the efforts to fill the position with a fully certified educator, and the impact of leaving the position vacant. Include the duration and methods used for the position’s recruitment.

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# REQUEST & ASSURANCE

I request the issuance of the district-sponsored certificate indicated on page one for the individual listed in the APPLICANT INFORMATION section above. The district is aware of the certificate requirements and the next steps the applicant will need to take based on the certificate type. I certify that the district or educational agency intends to hire the applicant in a certified position.

Superintendent or Agency Director Printed Name:

Superintendent or Agency Director Signature: Date:

# CONTACT TEACHER CERTIFICATION

If you have questions, please use the following information to contact the Teacher Education & Certification Office:

Email: Teacher Certification (tcwebmail@alaska.gov)
Phone: (907) 465-2831 Fax: (907) 465-2441
[Teacher Certification Website](https://education.alaska.gov/teachercertification) (education.alaska.gov/teachercertification)