

# SAMPLE FORM FOR YOUR USE FOR VERIFICATION OF CONTINUED SATISFACTORY RATING FOR TEACHER EVALUATION SUCH AS PEP-T

## PERSONAL INFORMATION.

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
(Last name)

\_\_\_\_\_  
(First name)

\_\_\_\_\_  
(Middle Name)

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

**To Authorized School or District Official:** I have applied to renew my Hawai'i teaching license (includes school counselors and school librarians) and have chosen to use a teacher evaluation, such as the PEP-T, as evidence that I meet Hawaii Teacher Performance Standards. Since my evaluation was completed longer than one year from the date of my application, I must verify that my teaching experience continues to be "Satisfactory" in all areas. Please sign below to confirm that I continue to have "Satisfactory" experience. Thank you.

**I attest that this applicant continues to have "Satisfactory" teaching experience in all areas of his/her evaluation.**

\_\_\_\_\_  
Signature of Superintendent, Principal, Headmaster

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
School

\_\_\_\_\_  
District

\_\_\_\_\_  
( )

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address