



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and Certification
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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	