



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

Professional 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

Form with 11 numbered fields for candidate information including name, address, telephone, and desired endorsement.

SECTION B

TO BE COMPLETED BY SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY

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

(Name of school district, approved private school, or state agency providing educational services) commit to providing a setting in which

(institution/organization) may conduct the assessment for (Teacher's name)

to add the following endorsement(s): (Desired endorsement)

Form with fields for school name, address, telephone, and signature.