DOE OHR 600-007



INSTITUTIONAL RECOMMENDATION

Last Revised: 01/01/2011 Former DOE Form(s): N/A

DEPARTMENT OF EDUCATION
Office of Human Resources

Teacher Recruitment/Reclassification Units 680 Iwilei Road, Suite 490 Honolulu, HI 96817

| (Not Applicable to Hawaii Institutions of Higher Education) | |
|--|--|
| Name: Last First | M I |
| Other Names Used: | |
| ast 4 digits of SSN: | |
| THE FOLLOWING INFORMATION SHOULD BE PROVIDED IN DUCATION OR THE TEACHER CERTIFICATION OFFICER VAS COMPLETED. AUTHENTIC SIGNATURE IS REQUIRED | OF THE INSTITUTION WHERE THE PROGRAM |
| lease check the appropriate box(es):] 1. Satisfactorily completed a traditional state-approved teacher/coun | selor/librarian preparation program in the following area(s) |
| Date Program Completed: | |
| a. Satisfactorily Completed Student Teaching, Practicum and/o | or Internship: |
| Subject: | Grade Level(s): |
| School: | Dates: |
| b. Teaching Experience used in lieu of Student Teaching, Pract | ticum and/or Internship: |
| From: To: MM/DD/YYYY MM/DD/YYYY | _ School: |
| Subject: | |
| From: To: MM/DD/YYYY | _ School: |
| Subject: | |
| 2. Did not complete a traditional state-approved teacher/counselor/li | |
| 3. Did not complete required certificate/licensure requirements (tests | s, coursework, etc.) |
| 4. Completed an Alternative Teacher/Counselor/Librarian Certificat | ion Program |
| Area of Preparation: | Date of Completion: |
| Teacher Education Program is State Approved: | MM/DD/YYYY Yes No |
| ereby certify that the information provided above is correct according | |
| gnature: | |
| | MM/DD/YYYY |
| Last First M.I. | Title: |
| stitution Name: | |
| stitution Address: | Fax #: |
| ty: State: Zip: | Email Address: |
| NOTE: MUST INCLUDE SCHOOL SEAL OR GR | |
| lease return this form directly to: HAWAII STATE DEPARTMENT OFFICE OF HUMAN RESOURCE 680 IWILEI ROAD, SUITE 490 HONOLULU, HI 96817 Attention: Teacher Recruitment/Re | Affix School Seal |