

---

# HOBBS MUNICIPAL SCHOOLS

Human Resources ✕ 1515 East Sanger ✕ P.O. Box 1030 ✕ Hobbs, New Mexico 88241  
575-433-0128 (Phone) ✕ 575-433-0131 (Fax)

---

## SUPERINTENDENT'S RECOMMENDATION FORM FOR EXTENDING LICENSURE FOR 2015-2016.

### LICENSE HOLDER INFORMATION

File/License No. \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### EMPLOYER INFORMATION

Public School District/Nonpublic School Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SUPERINTENDENT'S VERIFICATION AND RECOMMENDATION (please initial one)

\_\_\_\_\_ I Verify that Licensee received a rating of Ineffective on their 2013-2014 Summative Evaluation. I request a one-year extension of licensee's license for the 2015-2016 school year.

\_\_\_\_\_ I Verify that Licensee received a rating of Minimally Effective on their 2013-2014 Summative Evaluation. I request a one-year extension of licensee's license for the 2015-2016 school year.

\_\_\_\_\_ I Verify that Licensee received a rating of Minimally Effective on their 2013-2014 Summative Evaluation. The licensee did receive 50% of the possible points for VAS (Student Achievement Measures). The licensee will submit the Professional Development Dossier for Advancement.

Superintendent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_