

Appendix H

Intern Preliminary Online Credential Recommendation Checklist

Name of Applicant: Click or tap here to enter text. **ID:** Click or tap here to enter text.

SSN: Click or tap here to enter text. **DOB:** Click or tap here to enter text.

Email: Click or tap here to enter text.

Admit Term: FALL / SPRING Click or tap here to enter text. **Program Plan:** Click or tap here to enter text.

Pathway: Traditional Intern ACT

Recommendation Type: Click or tap here to enter text.

Subject area: Click or tap here to enter text.

Authorization:

Subject Matter Competency Click or tap here to enter text. **Date:** Click or tap here to enter text.

Pre-Service met

Intern Authorization: ELA1 ELAM ELAS ELAE

Language Proficiency: _____ Date: _____

Internship: Beginning Date of Service Click or tap here to enter text. **Issuance Date:** Click or tap here to enter text.

Original credential issued effective date: Click or tap here to enter text.

Employing District: Click or tap here to enter text.

Name of Personnel Notified: Click or tap here to enter text. **Date:** Click or tap here to enter text. **Initials:** Click or tap here to enter text.

Pathway changed to: Click or tap here to enter text. **Date:** Click or tap here to enter text. **Initials:** Click or tap here to enter text.

Items missing Program Plan Preservice Ver. of Employment

Status: Click or tap here to enter text.

GPA (overall) Click or tap here to enter text. **GPA (Prof. Ed)** Click or tap here to enter text. **Ready to recommend**

Attachments: **Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text.