

# Effective Educator Nonconsecutive Recommendation Form

## Instructions:

If you are applying for your initial Professional Teaching Certificate starting *July 1, 2018* and have teacher effectiveness ratings of *Effective* or *Highly Effective* for 3 **nonconsecutive** school years rather than the 3 **consecutive** school years immediately preceding your application, this form must be completed by the chief school administrator of the school at which you are currently employed. Please submit this form with your application documents. Please contact [MDE-EdEvals@michigan.gov](mailto:MDE-EdEvals@michigan.gov) with teacher evaluation questions.

(ENTER NAME and SELECT ONE or MORE IDENTIFIER)

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

Last 4 digits of \_\_\_\_\_ XXX - XX - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MOECS Application #: \_\_\_\_\_

PIC: \_\_\_\_\_

available through Michigan Online

Certification System:  
[www.michigan.gov/moecs](http://www.michigan.gov/moecs)

I, \_\_\_\_\_, chief school administrator for \_\_\_\_\_  
chief school administrator's printed name school/school district name

recommend this teacher for the initial Professional Teaching Certificate as required by [MCL 380.1531j](#).

Title: \_\_\_\_\_

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