



West Virginia DEPARTMENT OF
EDUCATION

REV 20170601

Form 25C — Comprehensive Evaluation Report for Alternative Certification

Alternative Certification Program Participant

Last Name: _____ First Name: _____ MI: _____

Social Security Number _____

School District

Name of the West Virginia Board of Education (WVBE) Approved Alternative Certification Program:

Requested Endorsement(s):	1. Endorsement: _____	2. Endorsement: _____	3. Endorsement: _____
Requested Grade Level(s)	1. Grade Levels: _____	2. Grade Levels: _____	3. Grade Levels: _____

Passing Score Information for WVBE Required Exam(s) (Circle Yes or No)

Y	N	The Alternative Certification Program Participant is endorsed on the Alternative Teaching Certificate for a special education endorsement, has received content preparation coursework/training specific to the requested endorsement and passed all WVBE required exam(s) for the endorsement area .
Y	N	The Alternative Certification Program Participant received a passing score on the WVBE required exam for professional education .

Required Recommendation: (Select ONLY ONE of the following three options)

Approved: Recommend issuance of a professional teaching certificate. The alternative certification program participant has completed all requirements of the WVBE approved alternative certification program (identified above). The placement of the candidate served as the clinical experience within the requested endorsement(s) and within the identified grade level(s) (Official Transcript and/or Certificate of Completion with the completion date is attached) Date of Completion ____/____/____
Insufficient: Recommend a professional teaching certificate NOT be issued at this time, but recommend the candidate be allowed to seek re-entry in the future to a WVBE-approved alternative program. Briefly identify the reason for recommendation: _____ Final Date of Participation: _____
Disapproved: Recommend a professional teaching certificate NOT be issued and that the candidate NOT be allowed to enter into another WVBE-approved alternative certification program in this state, but not to be prohibited from pursuing teacher certification through other WVBE approved programs for the education of teachers in West Virginia. Briefly identify the reason for recommendation: _____ Final Date of Participation: _____

Documentation for Recommendation

Y	N	The approved education provider holds all required documentation/evidence necessary to support the recommendation identified in this report. All required evidence and evaluative documentation for the alternative certification program will be made available by the school district to the WVDE upon request.
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Required Signatures for Evaluation Report

I hereby certify and agree with the following statements: I have collaborated with the partners of this approved program and support the recommendation identified on this report. The alternative program teacher has received a copy of the comprehensive evaluation report and certification recommendation prior to submitting this application to the State Superintendent. The applicant has been notified and understands the right to appeal and the appeal process.

Employing School District Superintendent

School District

Date

Additional Member of the Professional Support Team

Date

Principal

Date