

This document is used to verify local evaluations when applying to renew/advance an Educational Leader (EDL1, 2, or 3) certificate, renew/advance a Non-public Teaching (Level 2*, 3*) certificate or for certain Ancillary renewals. Please refer to [Bulletin 746](#) for details on how to advance or renew other certificate types.

Please complete **for each school year** local evaluations are used for the following purposes (Include multiple pages if applicable).

- Non-public (Level 2*, 3*, or Ancillary Montessori) certification higher/renewal requests - Educator completed a teacher evaluation program at a nonpublic school with the principal as evaluator where the teacher performance is rated as satisfactory in the areas of planning, management, instruction, and professional development.
- Educational Leader (EDL 1, 2, or 3) higher/renewal requests where the educator served at the district level and would not be evaluated via Compass.

Handwritten documents will not be accepted for certification processing.

Social Security Number _____	Email Address: _____
Legal Name of Applicant: _____	Date of Birth: _____
Address: _____ (Street) (City) (State) (Zip Code)	
Phone: (_____) _____	LA Certificate #: _____

School Year:	Parish/School System:	Job Position/Role:
Local Evaluation Rating Scale (e.g. 1-4, Letter Grades, Excellent-Poor, etc.):	Local Score/Rating Earned for School Year Indicated:	Evaluation Rating Equivalent (select one): EFFECTIVE INEFFECTIVE
Evaluator Name:	<i>I attest to the validity of the above effectiveness ratings. I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature on this application.</i>	
Evaluator Title:		
Evaluator Email:		
Signature:	Date:	
School Year:	Parish/School System:	Job Position/Role:
Local Evaluation Rating Scale (e.g. 1-4, Letter Grades, Excellent-Poor, etc.):	Local Score/Rating Earned for School Year Indicated:	Evaluation Rating Equivalent (select one): EFFECTIVE INEFFECTIVE
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Evaluator Email:		
Signature:	Date:	