STATE OF WASHINGTON
PROFESSIONAL EDUCATOR
STANDARDS BOARD

2005-2006
OUT-OF-ENDORSEMENT ASSIGNMENTS
APPROVED BY DISTRICT BOARD OF DIRECTORS

Complete and submit this form only if your school district placed a teacher(s) in an out-of-endorsement assignment for which a waiver was granted by the school district board of directors during the 2005 – 2006 school year per the provisions of WAC 181-82-110. If you have more than one out-of-endorsement assignment to report, please use the attached page.

Forms are due to the PESB by **Friday, November 17, 2006**. Please mail to the PESB, PO Box 47236, Olympia, WA 98604-7236.

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Name of Teacher: _____ Certification Number: _____

Number of Years Teaching Experience in District: _____

Endorsement(s) on teacher's Washington certificate: _____

Out-of-Endorsement Assignment
Subject(s) and Grade Levels (if applicable: _____
_____

Number of Out-of-Endorsement Periods/Hours Taught: _____

Does this teacher meet the "highly-qualified" requirements under the No Child Left Behind Act in this assignment? *[for PESB data purposes only]*
Yes _____ No _____ Don't know _____

Assistance provided related to the out-of-endorsement assignment: [use additional pages as necessary]:

We give assurance that the above assignment was made in compliance with WAC 181-82-105 through WAC 181-82-110.

_____
SCHOOL DISTRICT

_____ _____
PRESIDENT, DISTRICT BOARD OF DIRECTORS DATE DISTRICT SUPERINTENDENT OR DESIGNEE DATE

_____ _____
PHONE NUMBER PHONE NUMBER

Name of Teacher: _____ Certification Number: _____

Number of Years Teaching Experience in District: _____

Endorsement(s) on teacher's Washington certificate: _____

Out-of-Endorsement Assignment
Subject(s) and Grade Levels (if applicable: _____

Number of Out-of-Endorsement Periods/Hours Taught: _____

Does this teacher meet the "highly-qualified" requirements under the No Child Left Behind Act in this assignment? *[for PESB data purposes only]*
Yes _____ No _____ Don't know _____

Assistance provided related to the out-of-endorsement assignment: [use additional pages as necessary]:

Name of Teacher: _____ Certification Number: _____

Number of Years Teaching Experience in District: _____

Endorsement(s) on teacher's Washington certificate: _____

Out-of-Endorsement Assignment
Subject(s) and Grade Levels (if applicable: _____

Number of Out-of-Endorsement Periods/Hours Taught: _____

Does this teacher meet the "highly-qualified" requirements under the No Child Left Behind Act in this assignment? *[for PESB data purposes only]*
Yes _____ No _____ Don't know _____

Assistance provided related to the out-of-endorsement assignment: [use additional pages as necessary]:

* Please duplicate this form as needed.