

Form 25C — Comprehensive Evaluation Report for Alternative Certification

requested Endorsement(s): 1. Endorsement: 2. Endorsement: 3. Endorsement: 3. Endorsement: 3. Endorsement: 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 consework/training specific to the requested endorsement and passed all WVBE required exam(s) for the endorsement, has received content preparation consework/training specific to the requested endorsement and passed all WVBE required exam for professional education. Required Recommendation: (Select ONLY ONE of the following three options) Approved: Recommend issuance of a provisional 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) Insufficient: Recommend a provisional 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 provisional 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 re	TOTAL SEMPLE MAN.				Last Name:		First Name:	MI:	
Iame of the West Virginia Board of Education (WVBE) Approved Alternative Certification Program:	REV 20171211				Social Secu	rity Number			
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Additional Member of the Professional Support Team Date Principal Date Date	Empl	loying	School District Superinte	endent	School Distr	rict	Date		
	Addit	tional I	Member of the Profession	nal Support Team	Date	Principal		Date	

Alternative Certification Program Participant