Evaluation Request Application

For Alternative and Supplemental Pathways

Please print using black or blue ink only

EVAL

This application may be used to request an evaluation for eligibility for the Alternative Educator License; and to request an evaluation for eligibility for a standard teaching license through the Supplemental License pathway.

Please submit all **original, official transcripts** (with course descriptions, if necessary) with this application, and mail to:
Ohio Dept. of Education, Office of Educator Licensure, 25 S. Front St., Mail Stop 105, Columbus, Ohio 43215

If you have taken **Praxis II tests**, the scores must be submitted to this office electronically, directly from the Educational Testing Service. The Ohio Department of Education reporting code is **R7945**.

The **fee for the evaluation is $25.00**. Please attach a check or money order payable to 'Treasurer, State of Ohio'.

PERSONAL INFORMATION

Educator ID or SSN _____ **Birthdate** _____

Gender _____ **Male** _____ **Female**

First Name _____

Last Name _____ **MI**_____

Address _____

City _____ **State** _____ **Zip Code** _____

E-mail _____

Home Phone _____ **Cell Phone** _____

Other names which may appear on official documents (ex: maiden)_____

EVALUATION REQUEST INFORMATION

☐ **Evaluation for the Alternative Educator License** **$ 25.00**

☐ Adolescence to Young Adult 7-12

Please indicate the teaching field (subject) requested _____

☐ Intervention Specialist K-12 (please circle area requested)

Mild/Moderate Educational Needs Moderate/Intensive Educational Needs Visually Impaired Hearing Impaired

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☐ **Evaluation for a standard teaching license through the Supplemental Pathway** **$ 25.00**

Teachers who hold a supplemental license may pursue the standard license by completion of an approved program of preparaton and recommendation by the dean or head of teacher education; or by completion of an equivalent major as approved by the Office of Educator Licensure.

**** This evaluation form may be used to request an evaluation by individuals who are pursuing the equivalent major.**

☐ Middle Childhood 4-9 teaching field requested _____

☐ Adolescence to Young Adult 7-12 teaching field requested _____

☐ Multi-Age P-12 teaching field requested _____

☐ Intervention Specialist P-12 teaching field requested _____

☐ Endorsement teaching field requested _____

☐ Early Childhood P-3 self contained, no teaching fields

☐ Early Childhood Intervention Specialist P-3 self contained, no teaching fields

APPLICANT SIGNATURE

I request an evaluation for the license indicated.

Signature of Applicant Date

March, 2008