

DISTRICT REQUEST
for approval of
Alternative Authorization –Teacher to New Certification
(TO BE FILLED OUT BY A DISTRICT ADMINISTRATOR)

1. This request for an Alternative Authorization –Teacher to New Certification is being made on behalf of:

Starry Kirk B.
Last Name First Name Middle Initial Social Security #

8 Rimrock Way Boise ID 83716
Address City State Zip Phone

2. **The Request:** This request for approval of an AA—Teacher to New Certification is being made by:

Joint School District # 2
School District (or other Educational Agency) Name and Number

911 Meridian Rd.
Street address or PO Box Number

Meridian, Idaho 83642
City, State, and Zip Code

We, the undersigned, have:

- a) declared that a hiring emergency for this position exists in our district;
- b) that this declaration is recorded in official minutes of the Board of Trustee meeting; and,
- c) a copy of the minutes are attached to this application.

Signatures:

Chairperson of the Local School District or educational agency

Superintendent of Schools or chief officer

3. The Position

1. What is the specific position for which this request is being made?

Elementary _____ subject area (if other than basic classroom) _____

Secondary X subject area(s) Speech.

Other (counselor, school nurse, etc.) _____

4. The Immediate Supervisor/Mentor

1. Who will be the designated supervisor/mentor? Laura Gilchrist

2. What position does the supervisor/mentor hold? District Instructional Support Specialist

3. What qualifications make this person an appropriate supervisor/mentor? Responsible for curriculum development, teacher training, and teacher support. Laura has over 12 years teaching experience