



AK Reads Act Verified Reading Teacher District Assurance Form

Teacher Certification –Alaska Department of Education and Early Development

APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____
Last Four of Social Security Number: _____ Date of Birth: _____ Gender: _____

❖ **THE REMAINING SECTIONS BELOW ARE TO BE COMPLETED BY THE SCHOOL DISTRICT DESIGNEE, NOT THE APPLICANT.**

DISTRICT/SCHOOL INFORMATION

District Name: _____
Superintendent or Chief School Administrator Email Address: _____
School Name: _____
School Address: _____ City: _____ State: _____ Zip Code: _____
School Phone Number: _____ School Fax Number: _____
School Principal/Direct Supervisor Email Address: _____

READING PERFORMANCE DATA

Indicate the assessments used to evaluate the applicant’s impact on student reading achievement.

Student reading performance assessment(s) _____
Date(s) of assessments: _____
Number of students assigned to applicant during review period: _____
Number of assigned students reading at or above grade level at the beginning of the review period: _____
Number of assigned students reading at or above grade level at the end of the review period: _____
Description of applicant’s impact on student reading achievement: _____

ASSURANCE

On behalf of the district, we request the issuance of a READS AK VERIFIED READING TEACHER ENDORSEMENT for the individual listed in the APPLICANT INFORMATION section above. We certify that the applicant has demonstrated effectiveness in instructing students to read at or above grade level as measured by the student assessments listed above. The applicant has also been evaluated and rated proficient or higher in all areas of the evaluation.

Principal/Direct Supervisor Printed Name: _____
Principal/Direct Supervisor Signature: _____ Date: _____
Superintendent Printed Name: _____
Superintendent Signature: _____ Date: _____

CONTACT TEACHER CERTIFICATION

If you have questions, please use the following information to contact the Teacher Education & Certification Office:

Email: [Teacher Certification](mailto:tcwebmail@alaska.gov) (tcwebmail@alaska.gov)
Phone: (907) 465-2831 Fax: (907) 465-2441
[Teacher Certification Website](https://education.alaska.gov/teachercertification) (https://education.alaska.gov/teachercertification)