

(DISTRICT OR CHARTER SCHOOL LETTERHEAD)

(DATE)

Licensure and Certification  
Delaware Department of Education  
35 Commerce Way, Suite #1  
Dover DE 19904

This will serve as official notice that **NAME** has completed an Alternate Routes for Teacher Certification (ARTC/MPCP/TFA) program. During this period of time, two yearly evaluations were conducted, and the teaching performance of this individual is satisfactory. The District recommends this educator for licensure.

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Signature of Personnel Director/Date

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Signature of Chief School Officer/Date