



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, *Superintendent of Public Instruction*

WWW.NCPUBLICSCHOOLS.ORG

Competency Verification Form: Lateral Entry Licensed Teachers

Teacher's Name: _____ SSN: _____

This is to certify that the above named teacher has participated in training that covered the competencies checked below (please include the date the credit was completed):

Educational/Instructional Technology competency

(Must be completed within the previous 10 school yrs., Must be a minimum of three CEU's.)

Date last credit earned: _____

School Policies and Procedures

(Course topics may include but are not limited to professional code of ethics, board policies, faculty handbook, legal issues, grading policies, procedures within the school, etc.)

Date competency fulfilled: _____

Home/School/Community Collaborations

(Course topics may include but are not limited to communicating with parents, students, community agencies, conferencing skills, etc.)

Date competency fulfilled: _____

Please use the successful summative evaluation from the latest/full school year in which the above named teacher is clearing his/her plan of study to satisfy the Classroom Management competency. (Note this is not applicable for either of the Special Education licensure areas.)

Date summary evaluation completed: _____

Personnel Administrator's Signature/Date
(required)

Principal's or Designee's Signature/Date

LEA