

This document is used to verify local evaluations when applying to renew/advance an Educational Leader (EDL1, 2, or 3) certificate, renew/advance a teaching certificate, or issuance or renewal of certain Ancillary Teaching certificates. Please refer to [Bulletin 746](#) for details on how to advance or renew other certificate types.

Complete **for each school year** local evaluations are used for the following purposes (**Include multiple pages if applicable**).

- Teachers, counselors, and librarians having served in an approved Louisiana **nonpublic school setting** with the principal as evaluator where the educator's performance is rated as satisfactory in the areas of planning, management, instruction, and professional development.
- Teachers, counselors, librarians, and school-level leaders having served in a public setting must be evaluated in Compass. **Do not include years served in a public setting.**
- Educational Leader (EDL 1, 2, or 3) higher/renewal requests where the leader served in an approved Louisiana **nonpublic school setting**.
- Educational Leader (EDL 1, 2, or 3) higher/renewal requests where the educator served **at the district level** and would not be evaluated via Compass. **Do not include years served in a public setting at the school level.**

Social Security Number _____ Email Address: _____		
Legal Name of Applicant: _____ Date of Birth: _____		
LA Certificate #: _____		
School Year:	Employing School/School System:	Job Position/Role:
Local Evaluation Scale (e.g. 4-1, letter grades, excellent-poor, etc.) What is the maximum score/rating possible?	What is the minimum score/rating possible?	What is the educator's Score/Rating Earned for this school year?
		Evaluation Rating Equivalent (select one): <div style="display: flex; justify-content: space-around;"> EFFECTIVE INEFFECTIVE </div>
<i>I attest to the validity of above effectiveness ratings. I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature on this application.</i>		
Signature: _____		Date: _____ Evaluator Email: _____
Evaluator Name: _____		Evaluator Title: _____
School Year:	Employing School/School System:	Job Position/Role:
Local Evaluation Scale (e.g. 4-1, letter grades, excellent-poor, etc.) What is the maximum score/rating possible?	What is the minimum score/rating possible?	What is the educator's Score/Rating Earned for this school year?
		Evaluation Rating Equivalent (select one): <div style="display: flex; justify-content: space-around;"> EFFECTIVE INEFFECTIVE </div>
<i>I attest to the validity of above effectiveness ratings. I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature on this application.</i>		
Signature: _____		Date: _____ Evaluator Email: _____
Evaluator Name: _____		Evaluator Title: _____
School Year:	Employing School/School System:	Job Position/Role:
Local Evaluation Scale (e.g. 4-1, letter grades, excellent-poor, etc.) What is the maximum score/rating possible?	What is the minimum score/rating possible?	What is the educator's Score/Rating Earned for this school year?
		Evaluation Rating Equivalent (select one): <div style="display: flex; justify-content: space-around;"> EFFECTIVE INEFFECTIVE </div>
<i>I attest to the validity of above effectiveness ratings. I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature on this application.</i>		
Signature: _____		Date: _____ Evaluator Email: _____
Evaluator Name: _____		Evaluator Title: _____