



# APS/ATF CAREER PATHWAY SYSTEM ADVANCEMENT

## SUPERVISOR VERIFICATION FORM

Employee Name: \_\_\_\_\_ APS #: \_\_\_\_\_

School: \_\_\_\_\_ Title: \_\_\_\_\_

### Level I & II Support and Related Services

Please check appropriate boxes and sign at the bottom

I verify that:

1. This candidate has completed 3 full years of successful practice.

A. Professional Development Plans were successfully completed.

Yes

No

B. PDP objectives were achieved.

Yes

No

2. The portfolio is accurate and the work of this professional.

Yes

No

Principal/Supervisor Name (Printed) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*Submit this form with your portfolio in the CEU/Licensure Packet.**