BROOKFIELD LOCAL SCHOOL DISTRICT

**Continuing Contract Eligibility Verification Form**

*Licensed PRIOR TO January 1, 2011*

Having met the below-listed educational, certification/licensure and employment qualifications (from Ohio Revised Code 3319.11) as checked, I am requesting consideration for a Continuing Contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Signature Date

□ The candidate holds an 8-year professional or a permanent certificate, or a 5-year professional, senior professional, or lead professional educator license.

□ The candidate has completed 6 semester hours of graduate coursework in licensure area or related fields since receiving the initial certificate or license if Master’s degree held when initially licensed or certificated.

□ The candidate has completed a Master’s Degree or 30 semester hours in related educational fields since receiving the initial certificate or license if Master’s Degree was not held when initially licensed or certificated.

□ The candidate has worked 3 of the past 5 years at Brookfield Local School District (or 2 years, if continuing contract status was attained elsewhere. In this situation, the Brookfield Board of Education, upon recommendation by the Superintendent, may at the time of initial employment, or at any time within the 2-year period, declare a teacher eligible for a continuing contract.)

*All preceding qualifications must be met in order to be considered for continuing contract. Forward completed form to Superintendent’s Office for verification and processing.*

The teacher must inform the building principal in writing, with a copy to the Superintendent, of their eligibility by the first week of November in the school year in which the teacher becomes eligible. Continuing contract status shall be granted in accordance with O.R.C. 3319.11. Continuing contract status shall become effective immediately.

*Office use only:*

Principal’s recommendation for continuing contract status:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature Date

Superintendent’s recommendation for continuing contract status:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent’s Signature Date