

Name	File Folder Number
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District Verification for a Tier 2 School Psychologist License

1. Enter the Licensure Field Requested for this Educator: (either school counselor OR school psychologist)	
2. Grade Level:	3. School Year:
<p>4. As the designated administrator of the employing public school district or charter school, my signature verifies the district or charter school</p> <ul style="list-style-type: none"> Understands the license is limited to the licensure field indicated on the application and to the district or charter school requesting the license. Ensures this applicant will participate in an evaluation. <p>For applicants that are enrolled in a school counselor or school psychologist program my signature verifies that the district or charter school will</p> <ul style="list-style-type: none"> Assign a Tier 3 or Tier 4 school counselor or school psychologist (whichever pertains to the licensure field requested) to have direct supervision of the applicant. <ul style="list-style-type: none"> Supervising School Counselor/Psychologist MN File Folder Number(s): _____ Affirm that the position is designed as a learning experience for the applicant. Affirm that the applicant will not replace a Tier 3 or Tier 4 licensed school counselor or psychologist. 	

Print Full Name of District or Charter School		Six-Digit District Number (XXXX-XX)
Human Resources Contact Name	HR Contact Email Address	HR Contact Telephone Number/Ext
Printed Name of the Superintendent, Director, or Charter School Administrator		
Signature of the Superintendent, Director, Charter School Administrator, or HR Director		Date