Wisconsin Department of Public Instruction
URBAN EDUCATOR VERIFICATION
PI-1630 (New 06-26)

SECTION I – APPLICANT INFORMATION

To be completed by the applicant.

Legal First Name	Legal M.I.	Legal Last Name	Applicant's DPI Entity Number

Applicant Email Address

Name of Employing School District

SECTION II - EMPLOYMENT INFORMATION

To be completed by the school district employer.

LEA No.	School District Name	Phone *Area/No.*

School Name–*Location of assignment*	Urban School District? ☐ Yes ☐ No	School District NCES Locale Code ☐ 11 ☐ 12 ☐ 13

☐ **I ATTEST** that the applicant is currently employed in the school district named above and that this school district is classified by the National Center for Education Statistics as an urban school district as noted above.

Name of School District Administrator or Designee *Type/Print Clearly*	Title
Email Address	Phone *Area Code/No.*
Signature of School District Administrator or Designee ➢	Date Signed *Mo./Day/Yr.*

SECTION III – VERIFICATION OF QUALIFICATIONS

To be completed by urban school district, educator preparation program, or CESA.

Wisconsin Administrative Code, PI 34.083(2)(c), requires verification that the applicant has demonstrated all of the following abilities:

1. Create and teach rigorous academic, integrated, and multicultural curriculum, including thematic units that meets the needs of diverse pupils.
2. Function as an effective leader in an urban school.
3. Organize and manage a positive learning environment.
4. Work as an effective member of a teaching team.
5. Utilize community-based learning and hands-on projects.

6. Communicate effectively and collaborate with stakeholders, including parents and caregivers, as equal partners in learning.
7. Use technology to enhance learning.
8. Adhere to a professional code of conduct.
9. Engage in a system of growth and inquiry derived from a continual evaluation of pupil progress.

☐ **I ATTEST AND VERIFY** that the above-named applicant has demonstrated ability in each of the items listed above (one through nine).

☐ **I RECOMMEND** the above-named applicant for the urban educator license due to the demonstrated ability they have shown in each of the items listed above (one through nine).

Name of School District Administrator, certification officer at educator preparation program, or CESA administrator *Type/Print Clearly*	Title
Email Address	Phone *Area Code/No.*
Signature of School District Administrator, certification officer at educator preparation program, or CESA administrator ➢	Date Signed *Mo./Day/Yr.*