

I. GENERAL INFORMATION							
CESA No.	LEA No.	Requesting School District				Phone Area/No.	
School No. School Name-			Name-Location of Assignment				
Subject(s) Requested				Dev. Level/Grade(s)			
Guest Teacher Request for This Person is a:							
☐ First Time Request ☐ Renewal/Final Request ☐ Special Education (non-renewable)							
Assignment E	Begin Date Mo.	/Day/Yr. Assignment End Date Mo./Day/Yr. Employee Legal Name First, Middle, Las			ast		
Wisconsin Administrative Code, PI 34.030 requires districts/schools to make the request for this license.							
I UNDERSTAND the district's request for a guest teacher license limits the holder to teach only in the area determined by the department based on this educator's preparation.							
I UNDERSTAND that this is a tier I license and cannot be converted to any other license type or tier.							
■ I VERIFY this educator has completed a teacher preparation program in another country.							
I VERIFY this educator holds the equivalent of a U.S. bachelor's degree as verified by a credential evaluation.							
☐ I AGREE the district will provide mentoring as required under PI 34.040(5).							
III. ATTESTATION—REQUIRED							
I ATTEST that the above information in section I and II is true and understand that individuals who hold Guest Teacher License will be identified as a teacher who is considered teaching out of field and either inexperienced or unqualified under the Every Student Succeeds Act (ESSA).							
Name of School District Administrator or Designee <i>Type/Print Clearly</i> Title							
Email Address						Phone Area Code/No.	
Signature of School District Administrator or Designee						Date Signed Mo./Day/Yr.	