Please **do not** staple

ALTEVAL

Evaluation Request Application for the Alternative Resident Educator License Pathway

Please print using black or blue ink only.

Ohio Department of Education

Office of Educator Licensure
25 S. Front St., Mail Stop 105
Columbus, Ohio 43215-4183

This application may be used to request an evaluation for eligibility for the Alternative Resident Educator License, or to request an evaluation to advance to a standard teaching license from the alternative license. To request this evaluation you must evidence a **minimum of a bachelor's degree conferred**.

Please submit all **original, official transcripts** (with course descriptions, if necessary) **with** this application and mail to: Ohio Department of Education, Office of Educator Licensure, 25 S. Front St., Mail Stop 105, Columbus, Ohio 43215-4183. **Please do not send photocopies.**

If you have taken **Praxis II tests or ACTFL (World Languages exam)**, the scores must be submitted to this office electronically, directly from the Educational Testing Service. The Ohio Department of Education ETS reporting code for Praxis II exams is **R7945**.

The **evaluation fee is $25.00 and includes up to a maximum of 3 teaching fields per application**. Please attach a check or money order payable to 'Treasurer, State of Ohio'.

PERSONAL INFORMATION

Educator ID or SSN _____ Birthdate _____

Gender _____ Male _____ Female

First Name _____

Last Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____

Home Phone _____ Cell Phone _____

Other names which may appear on official documents (ex: maiden) _____

TRANSCRIPTS

Please complete my evaluation based on transcripts from the following colleges/universities.

_____ _____ _____ _____

EVALUATION FOR THE ALTERNATIVE RESIDENT EDUCATOR LICENSE

Please check one:

☐ **Evaluation** **$25** (maximum 3 teaching fields per application)

☐ **Re-evaluation** **$25** (I have completed part of the requirements as indicated on my original evaluation and would like an updated evaluation.)

Please check the evaluation area(s) requested.

☐ Designated Subject Grades 4-12

Please indicate the subject(s) requested _____ _____ _____

☐ World Languages

Please indicate the subject(s) requested _____ _____ _____

☐ Intervention Specialist K-12

☐ Mild/Moderate Educational Needs ☐ Moderate/Intensive Educational Needs ☐ Visually Impaired ☐ Hearing Impaired

EVALUATION TO ADVANCE AN ALTERNATIVE LICENSE TO A STANDARD LICENSE

☐ **Evaluation for a professional teaching license through the Alternative Resident Educator Licensure Pathway** **$25**

This evaluation form may be used by the holder of an alternative resident educator license to request an evaluation for the additional requirements that must be met to advance to a professional teaching license.

APPLICANT SIGNATURE

I request an evaluation for the license(s) indicated.

_____ _____

Signature of Applicant Date