



AFFIDAVIT

State of Oregon

County: _____

Date: _____

I, _____ do hereby certify that:
(Name of School Administrator)

_____ has received an "effective" or "highly effective" result on
(Name of Applicant)

her/his previous two evaluations from _____.
(Name of employing Public School, ESD or District)

The first evaluation was completed for the 20__ to 20__ school year while the applicant held a Continuing, Standard, Initial II or Professional Teaching License.

The second evaluation was completed for the 20__ to 20__ school year held a Continuing, Standard, Initial II or Professional Teaching License.

The evaluations were conducted in accordance with the Oregon Department of Education's "Oregon Matrix Model for Educator Evaluations."

Signature of School Administrator

Address of School

Phone number of School Administrator