

Lehigh Area School District Certification for Tenure

Name of Educator

PPID of Educator

Signature of Educator

Date

I certify that the Educator has completed all necessary requirements for tenure and has achieved a Satisfactory Rating on PDE approved Evaluation forms during the last four months of the third year of service. The evaluation forms are maintained in the Educator's personnel file.

Printed Name of Evaluator

Signature of Evaluator

Date

Printed Name of Superintendent

Signature of Superintendent

Date