

**EDMONDS SCHOOL DISTRICT NO. 15
VERIFICATION OF PREVIOUS EVALUATION(S)**

PLEASE MAIL THIS FORM TO YOUR PREVIOUS EMPLOYER(S) AND REQUEST THEY FILL OUT THE FOLLOWING:

The _____ School District verifies that _____
School District Name Employee Name

accomplished the following **Washington State consecutive satisfactory** evaluations **while under a continuing contract**:

Year (mm/yy) _____
Year (mm/yy) _____
Year (mm/yy) _____
Year (mm/yy) _____

District Signature

Title

Printed Name

Date

**PLEASE RETURN THIS COMPLETED FORM TO:
EDMONDS SCHOOL DISTRICT NO. 15
ATTN: Roger Jordan
20420 68TH AVE W
LYNNWOOD, WA 98036-7400
Fax: 425.431.7034**

OR

I verify that I accomplished (Please check one):

One

Two

Three

Four

Washington State previous satisfactory evaluations, while under contract. (Please attach copies of these evaluations.)

Employee Signature

Date