



Candidate Name: _____

District/BOCES/Charter Name: _____

Institute of Higher Education (IHE) Name: _____

Completed School Year: _____

Instructions: For each candidate in a Teacher of Record Program, complete the following template by June 15, 2025, to fulfill legislative reporting requirements and maintain the validity of the candidate’s Teacher of Record license. The form should be completed for the prior school year (e.g., in June 2025, you will submit data from the 2024-2025 school year). At the beginning of each section, there are further instructions on how to complete that section of the plan, including where signatures are required.

Section I: Teacher of Record Program Progress and Employment Information

The IHE and district/BOCES/charter must collaboratively complete the section detailing whether the candidate is on track to complete the program and the section on successfully completed program components. The remaining sections must be filled out by the IHE.

Program Progress	
Completed Program	
Completed Bachelor’s degree	

Employment Information	
Overall Performance Rating (from district/BOCES/charter):	
Overall Performance Rating (from IHE, if applicable):	
Number of students taught:	

Section II: Assurances

The district/BOCES/charter, IHE, and candidate must complete the assurances below. Some assurances require selecting options from a dropdown menu.

District/BOCES/Charter Assurance	
By signing below, I certify: <ul style="list-style-type: none"> • The accuracy of the information included in this report; and • The candidate is _____ to the district/BOCES/charter to teach next year. 	
Name of Superintendent/ BOCES Executive Director/ Head of Charter School:	
Title of Representative:	
Email Address:	
Signature:	

IHE Assurance	
By signing below, I certify: <ul style="list-style-type: none"> • The accuracy of the information included in this report; • The candidate is in good standing with the IHE; and • The candidate _____ the program. 	
Name of Authorized IHE Representative:	
Title of Representative:	
Email Address:	
Signature:	

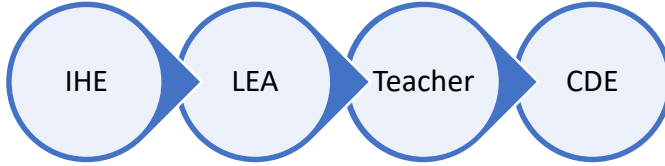
Teacher of Record Licensure Candidate Assurance	
By signing below, I: <ul style="list-style-type: none"> • Agree with the information as reported by the IHE and district/BOCES/charter; • Confirm that I am _____ to teach at the district/BOCES/charter next year; and • Confirm that I _____. 	

Name:	
Email Address: <i>(Include a personal email address; do NOT use a school or work email address)</i>	
Signature:	



Teacher of Record Annual Report Instructions

This annual report needs to be signed by THREE entities and returned to CDE by June 15th.



Step 1: The report form is sent to the IHE contact.

Step 2: IHE contact please download the “Teacher of Record Annual Report Form 24-25” onto your Desktop.

Step 3: Open the PDF titled “Teacher of Record Annual Report Form 24-25” in Adobe Acrobat

Step 4: Fill out the form using your computer to type in answers:



Candidate Name:

District/BOCES/Charter Name:

Institute of Higher Education (IHE) Name:

Completed School Year:



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In some cases there are drop-down menus to choose your answers from please click on the down arrow to access the menus.




Teacher of Record Annual Report Instructions

candidate is on track to complete the program and the section on successfully completed program components. The remaining sections must be filled out by the IHE.


Program Progress	
Completed Program	<input type="text"/> 
Completed Bachelor's degree	<input type="text"/> 

Yes
No

←

Employment Information	
Overall Performance Rating (from district/BOCES/charter):	<input type="text"/> 

Step 5: Complete the IHE assurances section.

IHE Assurance	
By signing below, I certify: <ul style="list-style-type: none"> The accuracy of the information included in this report; The candidate is in good standing with the IHE; and The candidate <input type="text"/> the program. 	
Name of Authorized IHE Representative:	<input type="text"/>
Title of Representative:	<input type="text"/>
Email Address:	<input type="text"/>
Signature:	

is continuing
has completed
has left

Step 6: Send the document to the LEA contact for the Teacher of Record candidate, with a date that it needs to be returned to the IHE with both LEA and TOR candidate signatures.



Teacher of Record Annual Report Instructions

FOR THE LEA:

Step 1: LEA contact please download the Teacher of Record Annual Report Form 24-25 (it may be titled differently by the IHE contact) onto your Desktop.

Step 2: Open the PDF in Adobe Acrobat

Step 3: Fill out the form using your computer to type in answers. Note that there are drop down options:

Employment Information	
Overall Performance Rating (from district/BOCES/charter):	<input type="text"/>
Overall Performance Rating (from IHE, if applicable):	<div style="border: 1px solid black; padding: 5px;"> Highly Effective Effective Partially Effective Ineffective </div>
Number of students taught:	<input type="text"/>

Step 4: Complete LEA assurances section:

District/BOCES/Charter Assurance	
By signing below, I certify: <ul style="list-style-type: none"> The accuracy of the information included in this report; and The candidate is <input type="text"/> to the district/BOCES/charter to teach next year. 	
Name of Superintendent BOCES Executive Director Head of Charter School:	<div style="border: 1px solid black; padding: 5px;"> <input type="text"/> </div>
Title of Representative:	<input type="text"/>
Email Address:	<input type="text"/>
Signature:	<input type="text"/>

Step 5: Send Teacher of Record Candidate the completed form with information on when and how to return to you and the IHE contact, **INCLUDE THESE INSTRUCTIONS.**



Teacher of Record Annual Report Instructions

FOR THE TEACHER OF RECORD CANDIDATE:

Step 1: Download the Teacher of Record Annual Report Form 24-25 (it may be titled differently) onto your Desktop.

Step 2: Open the PDF in Adobe Acrobat

Step 3: Review the information that has already been saved in the file and ensure that it is correct. If it is not correct work with your IHE contact to get it corrected.

Step 4: Complete Teacher of Record Licensure Candidate Assurance section. There are two drop-down menus and a place for your information and signature.

Teacher of Record Licensure Candidate Assurance	
By signing below, I:	
<ul style="list-style-type: none"> • Agree with the information as reported by the IHE and district/BOCES/charter; • Confirm that I am <input type="text"/> to teach at the district/BOCES/charter next year; and • Confirm that I <input type="text"/> returning not returning 	

Name:	<input type="text"/>
Email Address: <i>(Include a personal email address; do NOT use a school or work email address)</i>	<input type="text"/>
Signature:	<input type="text"/>

Step 5: Return the form to your IHE contact.

If at any point any one has any problems feel free to reach out to Jenn Silverstein with the Colorado Department of Education at silvestein_j@cde.state.co.us or 720-415-6469.