

State of Washington
PROFESSIONAL EDUCATION PERMIT
Granted in Accordance with Professional Educator Standards Board

NAME

Lynette M. Madsen

CERTIFICATE TYPE

Residency Teacher

ENDORSEMENT(S)

Added endorsement: **English Language Arts**

EFFECTIVE DATE

5/18/15

EXPIRATION DATE

6/18/16

RECOMMENDED BY

The Evergreen State College

AUTHORIZED SIGNATURE

Maggie Foran

Maggie Foran
Certification officer

The holder of this permit is responsible for its registration with his/her employer. THIS PERMIT DOES NOT IN AND OF ITSELF ENTITLE THE HOLDER TO BE OTHERWISE CERTIFICATED.



Randy Dorn
State Superintendent of Public Instruction

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OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Certification
Old Capitol Building, PO BOX 47200
OLYMPIA WA 98504-7200
(360) 725-6400 TTY (360) 664-3631
Web Site: <http://www.k12.wa.us/certification/>
E-Mail: cert@k12.wa.us

VERIFICATION OF ENDORSEMENT EXPERIENCE

USE THIS FORM IF YOU ARE APPLYING FOR AN ENDORSEMENT VIA TESTING

SECTION I

TO BE COMPLETED BY APPLICANT			
1. NAME	LAST Madsen	FIRST Lynette	MIDDLE Marie
2. ADDRESS 28203 1164th ave E			MAIDEN/FORMER NAME
CITY/STATE/ZIP Graham, WA 98338			3. DATE OF BIRTH 09/05/1989
5. TELEPHONE BUSINESS () HOME (253) 381-5260			4. SOCIAL SECURITY NO. (OPTIONAL) 2602
7. WA CERT. NO. 490295c			6. E-MAIL lynette-madsen@hotmail.com

Applicants will need to meet the experience requirement listed below to add an endorsement via testing:

Verification of 90 days of teaching experience in the endorsement that is compatible in instructional methodology and content-related skills to the desired endorsement. If verifying experience for more than one employer, photocopy this form and send a copy to each employer.

A Washington endorsement on a teaching certificate describes the subject area or grade level in which the teacher is authorized to teach.

8. ENDORSEMENT (SUBJECT AREA) IN WHICH EXPERIENCE IS TO BE VERIFIED Social Studies
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SECTION II

TO BE COMPLETED BY EMPLOYER, OR HIS/HER DESIGNEE, WHERE APPLICANT WAS EMPLOYED			
SCHOOL/DISTRICT Franklin Pierce Schools		APPLICANT'S POSITION TITLE Teacher-High School	
FROM 08-25-2014	TO Present	SUBJECT AREA IN WHICH APPLICANT TAUGHT (SEE ITEM 8. ABOVE) Social Studies	NUMBER OF DAYS OF SERVICE IN THE ENDORSEMENT 181
SERVICE WAS <input checked="" type="checkbox"/> FULL-TIME	FROM 08-25-14 TO 03-04-15 (DATE) (DATE)		
SERVICE WAS <input type="checkbox"/> PART-TIME	FROM _____ TO _____ (DATE) (DATE)		
SERVICE WAS <input type="checkbox"/> SUBSTITUTE	FROM _____ TO _____ (DATE) (DATE)		
ADDRESS 315-129th Street South		PRINTED NAME Brandy Japhet	
CITY/STATE/ZIP Tacoma, WA 98444		TITLE OF PERSON COMPLETING FORM Assistant Director of HR	
SIGNATURE Brandy Japhet		DATE 03-04-2015	TELEPHONE (253) 298-3084

RETURN COMPLETED FORM TO APPLICANT



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DISTRICT SUPPORT VERIFICATION**

Use this form to verify support for an individual seeking a pathway 2 endorsement, by providing an opportunity and setting for a pedagogy assessment in the desired endorsement area.

SECTION A**TO BE COMPLETED BY CANDIDATE**

1. NAME LAST FIRST MIDDLE <u>Madsen Lynette Marie</u>	MAIDEN/FORMER NAME
2. ADDRESS <u>28203 114th Ave E</u>	3. DATE OF BIRTH <u>09/05/1989</u>
4. CITY/STATE/ZIP <u>Graham, WA 98338</u>	5. SOCIAL SECURITY NO (OPTIONAL)
6. TELEPHONE Business () Home (<u>253</u>) <u>381-5260</u>	7. WA CERTIFICATE NO <u>490295c</u>
8. E-MAIL ADDRESS <u>lynette_madsen@hotmail.com</u>	9. ENDORSEMENTS ALREADY HELD <u>Social Studies</u>
10. DESIRED ENDORSEMENT <u>English Language Arts</u>	11. CERTIFICATE NUMBER <u>490295c</u>

SECTION B**TO BE COMPLETED BY SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY****Statement Supporting the Teacher's Pedagogy Assessment in the Desired Endorsement Area**

FRANKLIN PIERCE SCHOOLS commit to providing a setting in which
(Name of school district, approved private school, or state agency providing educational services)

EVERGREEN STATE COLLEGE may conduct the assessment for LYNETTE MADSEN
(institution/organization) (Teacher's name)

to add the following endorsement(s): ENGLISH LANGUAGE ARTS
(Desired endorsement)

NAME OF SCHOOL DISTRICT/ESD/PRIVATE SCHOOL <u>FRANKLIN PIERCE SCHOOLS</u>	DATE <u>3/5/15</u>
ADDRESS <u>315 129th St S.E.</u>	
CITY/STATE/ZIP <u>TACOMA, WA 98444</u>	
TELEPHONE <u>(253) 298-3085</u>	NAME (PRINTED) <u>DR. SHAWN V. CAREY</u>
SIGNATURE AND TITLE <u>[Signature]</u>	