

INDIVIDUAL TEACHER PLAN FOR ACHIEVING HIGHLY QUALIFIED STATUS

Teacher Name: _____
Last First Middle Maiden

Teacher's Assignment: _____
Subject(s) Grade(s)

Certification: _____ Validity Period: _____

**Copy information from the teacher's certificate*



_____ is not properly certified for the teaching assignment indicated above. As of the date of this agreement, has not demonstrated core academic subject knowledge and teaching skills through an approved state option. During the , will use the following option to achieve highly qualified teacher status:

Place a check mark in front of the option that will be implemented.

- Completion of a state board of education approved program in the core subject taught
- Subject-specific, state-approved Praxis II test for middle or secondary grades (code_____)
- Completion of a graduate degree in the core subject taught
- Completion of an undergraduate academic major or coursework equivalent to an undergraduate academic major (30 semester hours)
- Completion of a state board of education approved alternative certification program

_____ will complete the following actions to accomplish the option indicated: *(Please name and describe the action and provide date action will be completed.)*

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(LEA Name), through the leadership of *(Name of LEA administrator)* will complete the following actions to facilitate accomplishment of the option indicated:

_____/_____
(LEA Authorized Signature) (Date) (Teacher Signature) (Date)