

**Cover Sheet –Professional Certification Action Plan
MSAD #33**

Name _____ Social Security # _____ Date _____

Certification Status: ___ Waiver ___ Targeted Need ___ Conditional
 ___ Provisional ___ Professional ___ Transitional

Subject Area/Special Area Endorsement **Endorsement Code** **Expiration Date**

<p>PLAN APPROVED</p> <hr/> <p>Signed: _____ Date: _____</p> <p>PLAN AMENDED</p> <hr/> <p>Signed: _____ Date: _____</p> <hr/> <p>Signed: _____ Date: _____</p> <hr/> <p>Signed: _____ Date: _____</p>	<p>FINAL RECOMMENDATION</p> <p>___ Recommend renewal of Targeted Need certificate</p> <p>___ Recommend renewal of Conditional certificate</p> <p>___ Recommend renewal of Transitional certificate</p> <p>___ Recommend issuance of Professional certificate</p> <p>___ Recommend renewal of Professional certificate</p> <p>___ Recommend issuance of Master Teacher certificate</p> <p>___ Recommend renewal of Master Teacher certificate</p> <p>___ Deny renewal of Targeted Need certificate</p> <p>___ Deny renewal of Transitional certificate</p> <p>___ Deny issuance of Professional certificate</p> <p>___ Deny renewal of Professional certificate</p> <p>___ Deny issuance of Master Teacher certificate</p> <p>___ Deny renewal of Master Teacher certificate</p> <hr/> <p>Signed: _____ Date: _____</p>
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**Professional Certification Action Plan
MSAD #33**

Name _____ Position/Subject Area _____ School _____

Mentor _____ Position/Subject Area _____ School _____

School Year _____ T.A.P. Year: 1 2 3
(circle one)

Expiration Date of current certificate _____ T.A.P. Completion Date: _____

Maine's Teaching Standards

- 1. Content/Subject Area Knowledge 2. Integration of Disciplines 3. Differentiating for The Learner
- 4. Planning of Instruction 5. Instructional Strategies/Technologies 6. Positive Classroom Environment
- 7. Communication/Engagement with Community 8. Assessment/Evaluation 9. Legal/Ethical Responsibilities
- 10. Professional Contribution/Involvement

Standards/P.I.	Goal	Activities/Strategies	Date Done	Initials

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Signatures:

Teacher _____ Date _____

Chairperson _____ Date _____

Action Plan Amendment

Name: _____ Date _____

Certification Expiration Date _____

Amendment Request: Write a brief explanation regarding your request for amending the approved action plan.

(e.g., Please eliminate Goal #2 and replace it with the following Goal. I have been asked to teach a new class and I want to improve my skills/knowledge in that area.)

III. Plan for Growth (If adding/replacing a new goal)

Please list each of your goal(s) for the life of this amendment on separate sheets. Include the method(s) by which you plan to attain and verify them.

Goal # _____

(What professional skill or knowledge do you plan to gain/improve? address?)

METHOD(S) TO MEET GOAL

(What activities do you expect to do?)

METHOD(S) TO VERIFY COMPLETION

(How will you prove you have completed your objective? Course work must receive successful completion.)

Chairperson Signature _____

Date _____