



**Individual Professional Development Plan for Achieving Highly Qualified Status**

Teacher Name: \_\_\_\_\_ Teacher's Assignment: \_\_\_\_\_

License: \_\_\_\_\_ Valid Period: \_\_\_\_\_

*Copy Information from the teacher's certificate*

\_\_\_\_\_ is properly licensed for the teaching assignment indicated above.  
 (Teacher Name)

As of the date of this Agreement, \_\_\_\_\_ has not demonstrated core academic subject  
 (Teacher Name)  
 knowledge through an approved state option. During the 2012 - 2013 school year,

\_\_\_\_\_ will use the following **option** to achieve highly qualified teacher status.  
 (Teacher Name)

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

\_\_\_\_\_ Elementary Praxis II Test. Elem, Educ.: Curriculum, Instruction and Assessment (code 0011)

\_\_\_\_\_ Subject-specific, state-approved Praxis II test for middle or secondary grades (code \_\_\_\_\_)

\_\_\_\_\_ Other (describe) \_\_\_\_\_

\_\_\_\_\_ will complete the following **actions** to accomplish the option  
 (Teacher Name)

*Name and describe action(s) and provide a timeline for completion:*

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_, through the leadership of \_\_\_\_\_ will provide the  
 (District Name) (Name of District Administrator)  
 following support to facilitate accomplishment of the option indicated:

*Name and describe action, provide funding source(s) and amount(s), and provide completion date.*

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ understands that WDE will provide oversight and monitoring for  
 (District Name)  
 implementation of district and teacher plan(s) for ensuring that all core academic subject teachers are highly qualified.

\_\_\_\_\_  
 (Principal Signature) (Date) (Teacher Signature) (Date)

\_\_\_\_\_  
 (District Authorized Signature) (Date)