

Plan for Teacher to Obtain Appropriate Certification and/or Authorization

Using the following chart, identify the proposed teaching assignment(s) for which the teacher does not hold proper certification and/or authorization.

Teacher Name	Grade Level	Subject	Notes/Comments

Plan of Action (coursework required) to become certified and/or authorized

College or University	Course Name & Number	Semester Hours	Intended date of Completion

And/OR Praxis Test results

Praxis Test Name and Number	Scheduled Test Date

By signing below, the teacher and administrator affirm that the above-detailed plan will result in the teacher meeting the requirements to add the endorsement(s) according to the provisions of the Department of Education and the SD Administrative Rules on teacher certification.

Teacher Signature Date

Superintendent Date

Administrator Signature Date