

MAINE SCHOOL ADMINISTRATIVE DISTRICT #33

Teacher Licensure Committee
Action Plan Amendment

The Support System Handbooks states:

If, for any reason, the candidate cannot undertake a given activity, or a new activity is to be added, s/he must file an amendment to the plan for TLC approval.

Name: _____

Today's Date _____

Certification Expiration Date _____

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

(i.e. Please eliminate Objective #2 and replace it with the following Objective. 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 objective)

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

OBJECTIVE # _____

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

METHOD(S) TO MEET OBJECTIVE

(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.)

CONTACT TIME PLANNED: _____ HOURS

(Must total at least 90 hrs in combination with any other objectives.)

CONTACT TIME COMPLETED: _____ HOURS

Date Approved by Steering Committee _____