

**Teacher Licensure Committee
Maine School Administrative District #33**

Teacher Action Plan

Name: _____ Social Security #: _____ Date: _____

Certification Status Waiver Targeted-Need Conditional Provisional Professional Transitional

NOTE: Please attach a copy of your current certificate.

Subject Area/Special Area Endorsement	Endorsement Code	Expiration Date

Do not write below this space. For TLC use only.

<p>SUPPORT TEAM (Not required for professional renewal)</p>	<p>FINAL RECOMMENDATION</p> <p><input type="checkbox"/> Recommend renewal of Targeted-Need certificate.</p> <p><input type="checkbox"/> Recommend renewal of Conditional certificate.</p> <p><input type="checkbox"/> Recommend renewal of Transitional certificate.</p> <p><input type="checkbox"/> Recommend issuance of Professional certificate.</p> <p><input type="checkbox"/> Recommend renewal of Professional certificate.</p> <p><input type="checkbox"/> Recommend issuance of Master Teacher certificate.</p> <p><input type="checkbox"/> Recommend renewal of Master Teacher certificate.</p>
<p>PLAN APPROVED</p>	<p><input type="checkbox"/> Deny renewal of Targeted-Need certificate.</p> <p><input type="checkbox"/> Deny renewal of Transitional certificate.</p> <p><input type="checkbox"/> Deny issuance of Professional certificate.</p> <p><input type="checkbox"/> Deny renewal of Professional certificate.</p> <p><input type="checkbox"/> Deny issuance of Master Teacher certificate.</p> <p><input type="checkbox"/> Deny renewal of Master Teacher certificate.</p>
<p>Signed: _____ Date: _____</p>	<p><input type="checkbox"/> Deny renewal of Targeted-Need certificate.</p> <p><input type="checkbox"/> Deny renewal of Transitional certificate.</p> <p><input type="checkbox"/> Deny issuance of Professional certificate.</p> <p><input type="checkbox"/> Deny renewal of Professional certificate.</p> <p><input type="checkbox"/> Deny issuance of Master Teacher certificate.</p> <p><input type="checkbox"/> Deny renewal of Master Teacher certificate.</p>
<p>PLAN AMENDED</p>	<p>Signed: _____ Date: _____</p>
<p>Signed: _____ Date: _____</p>	<p>Signed: _____ Date: _____</p>

Professional Goals

1. _____
2. _____
3. _____

<p style="text-align: center;">Name of Activity</p> <p style="text-align: center;">What is it that I want to do? My professional development activities must relate directly to my professional goals.</p>	<p style="text-align: center;">Credits</p> <p style="text-align: center;">What kind of and how many credits am I working for? a) College credit b) CEU's c) Contact Hours</p>	<p style="text-align: center;">Anticipated Time Frame</p> <p style="text-align: center;">Start Date - Finish Date Month/Yr - Month/Yr</p>	<p style="text-align: center;">Proof of Completion</p> <p style="text-align: center;">What will I submit for documentation? a) Transcript b) CEU Certificate c) Contact Hour Certificate d) Project Narrative e) Sample Work</p>	<p style="text-align: center;">Date Completed</p> <p style="text-align: center;">Fill in this date when I finish.</p>

Candidate's Signature

Date