

Everett School District

TEACHER PLAN OF ASSISTANCE FOR MEETING CERTIFICATION REQUIREMENTS

Name _____ Building Name _____

Assignments out
of endorsed area

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Grade Level

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| |
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| |

of Periods

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Options for Assistance to Teacher (indicate all that apply to mutually developed plan)

☐ Professional Development

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☐ Additional Planning Time

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☐ Study Time

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| |

☐ Other

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Teacher's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____