**Everett School District**

**Section 7 - 10**

**TEACHER PLAN OF ASSISTANCE FOR**

**MEETING CERTIFICATION REQUIREMENTS**

**Name**       **Building Name**

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| --- | --- | --- | --- | --- | --- |
| **Assignments out** |  | **Grade Level** |  | **# of Periods** |  |
| **of endorsed area** |  |  |  |  |  |
|  |  |  |  |  |  |

**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: