**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** |       |  |       |  |       |
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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: