

Everett School District

TEACHER PLAN OF ASSISTANCE FOR MEETING CERTIFICATION REQUIREMENTS

Name _____

Building Name _____

Assignments out
of endorsed area

Grade Level

of Periods

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

☐ Professional Development

☐ Additional Planning Time

☐ Study Time

☐ Other

Teacher's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____