



**Arkansas Department of Education**  
**Individual Teacher Plan to become Highly Qualified**  
 (One form per subject area per teacher)

Teacher Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

I, \_\_\_\_\_ intend to establish HQT status in the following area.  
 (Teacher's name printed)

**Choose level of HQT status sought.**

- Early Childhood/Elementary-K-6
- Middle Childhood/Grades 4-8
- Secondary/Grades 7-12

**If applicable choose the subject area.**

- English
- Reading or Language Arts
- Mathematics
- Science. (Specify: \_\_\_\_\_)
- Art
- Social Studies
- Music
- Foreign Lang. (Specify: \_\_\_\_\_)

The following program of study, testing (or other) has been identified to be completed for establishing Highly Qualified Teacher status.

**Program of Study**

<u>Coursework</u>	<u>Date or Semester</u>

**Testing**

<u>Name of Praxis II Content Knowledge Exam</u>	<u>Date to be taken</u>

**Other**

\_\_\_\_\_  
 Teacher's signature

\_\_\_\_\_  
 Expected date to complete HQT

\_\_\_\_\_  
 School or District Administrator's name printed

\_\_\_\_\_  
 School or District Administrator's signature

\_\_\_\_\_  
 Date