



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

Teacher Name _____ Date _____

School _____ School District _____

I, _____ intend to establish Highly Qualified Teacher status in the following area.
 (Teacher's name)

- | | |
|--|---|
| <p>Choose level of HQT status sought.</p> <p><input type="radio"/> Early Childhood/Elementary-K-6</p> <p><input type="radio"/> Middle Childhood/Grades 4-8</p> <p><input type="radio"/> Secondary/Grades 7-12</p> | <p>If applicable choose the subject area.</p> <p><input type="radio"/> English</p> <p><input type="radio"/> Reading or Language Arts</p> <p><input type="radio"/> Mathematics</p> <p><input type="radio"/> Science</p> <p><input type="radio"/> Art</p> <p><input type="radio"/> Social Studies</p> <p><input type="radio"/> Music</p> <p><input type="radio"/> Foreign Lang. (Specify: _____)</p> |
|--|---|

The following program of study and/or testing has been identified as meeting the requirements for becoming highly qualified.

Program of Study

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

Testing

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

Other

 Teacher's signature

 Date

 School or District Administrator's name

 School or District Administrator's signature

 Date