



TEACHER CERTIFICATION PLAN OF STUDY FOR THE CERTIFIABLE TEACHER

DATE SENT:	DATE RETURNED:
TEACHER'S NAME:	
SCHOOL:	PHONE NO.:
SCHOOL ADDRESS:	CITY:
TEACHER'S POSITION (CHECK ONE): Classroom Teacher: <input type="checkbox"/> Specialist Teacher: <input type="checkbox"/>	DATE OF INITIAL TEACHING CONTRACT:

This **Plan of Study** is required of all school teachers that are certifiable by the State of Wisconsin, Department of Public Instruction, or by another state. This form must be filed with the Parish and School Personnel Office no later than **November 1st** of the school year hired, or within 60 days if hired after the official start of the school year. Annually, a letter detailing progress made toward completion of the Study Plan should be given to the Principal. **Note:** This form is for a teacher who holds a valid teaching license but needs to expand certification to his/her current teaching assignment.

CURRENT DEGREE(S) HELD:
COLLEGE/UNIVERSITY ENROLLED IN:
DEGREE/CERTIFICATION SEEKING:
CURRENT CERTIFICATION:

REMAINING COURSES REQUIRED FOR CERTIFICATION		
COURSE TITLE:	CREDITS:	PLANNED DATE FOR COURSE COMPLETION:

EXPECTED DATE OF COMPLETION OF ALL REQUIREMENTS: (Must complete within five years of date of hire - Policy 4134)	EXPECTED DATE OF WI DPI LICENSING:
APPROVED BY: COLLEGE/UNIVERSITY OFFICER:	DATE:
CANDIDATE (TEACHER):	DATE:
EMPLOYER (PRINCIPAL):	DATE:

Return to: School Principal with all appropriate documentation stating course and/or certification requirements.
By entering my full name, I attest that this constitutes my legal electronic signature on this form.