Arizona Department of Education
Tom Horne, Superintendent of Public Instruction

Highly Qualified Individual Team Plan
P.L. 107 – 110 – No Child Left Behind

Individual Teacher Plan

This completed form should be retained at the school.

Name		**School**		**Date**	
LEA		**Certifying Principal**			
Current Teaching Assignment - Grade level:		**Content Area (s):**			

Check appropriate certification:

Elementary Certificate		**Secondary Certificate**		**Special Education Certificate**	
Grade K - 6		Approved Area(s):	List each area on your certificate:	Disability Area(s)	
Middle School 7 - 8				Teacher of Record in:	
Approved Area(s):	List each area on your certificate			Elementary K-6	
				Middle School 7-8	
				High School 9-12	

If you are not Highly Qualified in the subject(s) you are teaching this year, you must complete this Action Plan to fulfill the requirements for NCLB.

BA/BS Degree Charter Schools	Projected Completion Date	Completed	Convert Emergency Certificate	Projected Completion Date	Completed	Subject Knowledge	Projected Completion Date	Completed	District Funding Source
List courses required			*AEPA*			*AEPA (if available)*			
			Course work (list)			*Course work (list)*			
			Enroll in an alternative path program						

Principal's Verification of progress:

_____
Signature *Date*

_____
Signature *Date*

_____
Signature *Date*

Highly Qualified Plan Employee Commitment: ☐ **Completed** ☐ **In progress**

Employee Signature _____ *Date* _____

Mid-year Review Acknowledgement: ☐ **Completed** ☐ **In progress**

Employee Signature _____ *Date* _____

Completion or End-of-Year Review Verification: ☐ **Completed** ☐ **In progress**

Employee Signature _____ *Date* _____

10/24/2006