

**WEST POINT CONSOLIDATED SCHOOL DISTRICT**  
**INDIVIDUAL TEACHER PLAN FOR ACHIEVING STATE CERTIFICATION STATUS**

Teacher Name: \_\_\_\_\_  
*Last First Middle Maiden*

Teacher's Assignment: \_\_\_\_\_  
*Subject(s) Grade(s)*

Certification: \_\_\_\_\_ Validity Period: \_\_\_\_\_

*\*Copy information from the teacher's certificate*

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\_\_\_\_\_ is not properly certified for the teaching assignment indicated above. As of the date of this agreement, he or she has not demonstrated core academic subject knowledge and teaching skills through an approved state option. He or she will use the following option to achieve state certification teacher status:

*Place a check mark in front of the option that will be implemented.*

- \_\_\_\_\_ Completion of a state board of education approved program in the core subject taught
- \_\_\_\_\_ Subject-specific, state-approved Praxis II test for middle or secondary grade \_\_\_\_\_
- \_\_\_\_\_ Completion of a graduate degree in the core subject taught
- \_\_\_\_\_ Completion of an undergraduate academic major or coursework equivalent to an undergraduate academic major (30 semester hours)
- \_\_\_\_\_ Completion of a state board of education approved alternative certification program

\_\_\_\_\_ will complete the following actions to accomplish the option indicated:

\* \_\_\_\_\_

\* \_\_\_\_\_

West Point School District through the leadership of Reita M. Humphries will complete the following actions to facilitate accomplishment of the option indicated:

\_\_\_\_\_/\_\_\_\_\_  
*(Principal Signature) (Date) (Teacher Signature) (Date)*

\_\_\_\_\_/\_\_\_\_\_  
*(LEA Authorized Signature) (Date)*