

TEACHER PLAN FOR COMPLETION OF REQUIREMENTS
NCLB HIGHLY QUALIFIED

Name _____ Date _____

Deficient Core Content Area of Assignment _____

I have listed possible activities below that I plan to complete to meet the deficiency listed above.

Activity	Expected Date of Completion
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Teacher's Signature _____ Date _____

School District Plan

The _____ School District will support the above teacher plan for completion of "Highly Qualified" status by:

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Signature of Supervisor _____ Date _____