

WAIVER REQUEST(S) FORM (ACT 1623 OF 2001)

Effective July 1, 2006, and pursuant to Federal regulations of NCLB regarding Highly Qualified Teachers (HQT), Schools/Districts may only hire teachers in core academic areas who have HQT status.

School District

LEA Number

Date

A waiver request to assign a teacher outside of his/her licensure/subject area or grade level, for more than thirty (30) consecutive days during a school year, is being submitted for the following teacher(s).

Name	SS#	Current Licensure Area (s)	*Out-of-Area Assignment	Does this assignment area require HQT (yes/no)	Is this teacher HQ for this subject area? (yes/no)	ALP "on File"/ or "Enclosed"	All school years employed under an ALP in this area

Superintendent's Signature

School Address

City State Zip Code

*** Please list specific subject and grade level. If this is a Special Education assignment, indicate if the assignment is in a core academic area for credit and list the area. Example: Special Education (Math) or Special Education (General).**

Arkansas Department of Education
Individual Teacher Plan to become Highly Qualified and
Licensed while employed under an Additional Licensure Plan
 (One subject per form)

Teacher Name _____ Date _____

School _____ School District _____

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

Choose level of HQT status sought.

- Early Childhood/Elementary-K-6
- Middle Childhood/Grades 4-8
- Secondary/Grades 7-12

If applicable choose the subject area.

- English
- Reading or Language Arts
- Mathematics
- Science
- Art
- Social Studies
- Music
- Foreign Lang. (Specify: _____)

The following program of study and/or testing has been identified as meeting the requirements for licensing and/or becoming highly qualified for the additional licensure plan employed under. Adequate yearly progress is required to remain employed under an additional licensure plan.

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