

TEACHER CERTIFICATION PLAN

TEACHER'S NAME: _____

TYPE OF CERTIFICATION: PLEASE CHECK ONE

CONDITIONAL STANDARD PROFESSIONAL

DATE OF EXPIRATION: _____

Indicate the semesters you will utilize to complete your certification renewal.

ALL CERTIFICATION MUST BE COMPLETED BY THE END OF JANUARY IN THE CURRENT SCHOOL

- **Conditional status needs 6 credits for renewal each year.**

Fall: 20_____ Spring: 20_____ Summer: 20_____

- **Standard status needs 9 credits for renewal.**

Summer1: 20_____

Summer 2: 20_____

Summer 3: 20_____

Summer 4: 20_____

- **Professional status needs 6 credits for renewal.**

Summer1: 20_____

Summer 2: 20_____

Summer 3: 20_____

Summer 4: 20_____