

**NCLB Highly Qualified**  
**Teacher Plan for Completion of Requirements**

Name \_\_\_\_\_

Date \_\_\_\_\_

Deficient Core Content Area of Assignment \_\_\_\_\_

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

Activity	Expected Date of Completion
_____	
_____	
_____	
_____	
_____	

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

**School District Plan**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_