Arkansas Department of Education
Individual Teacher Plan to become Highly Qualified
(One form per subject area per teacher)

Teacher Name _____ Date _____

School _____ District _____

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

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. (Specify: _____)
○ Art
○ Social Studies
○ Music
○ Foreign Lang. (Specify: _____)

The following program of study, testing (or other) has been identified to be completed for establishing Highly Qualified Teacher status.

Program of Study

Coursework	Date or Semester

Testing

Name of Praxis II Content Knowledge Exam	Date to be taken

Other

_____ _____
Teacher's signature Expected date to complete HQT

_____
School or District Administrator's name printed

_____ _____
School or District Administrator's signature Date

Rev. 1/11/13