**In the event that a teacher is determined to be not highly qualified in the core content area for which he/she is assigned, the Arizona Department of Education will require the development of a Corrective Action Plan. An acceptable Corrective Action Plan must outline the most expedient means for a teacher to reach the highly qualified status in the identified core content area(s).**

***\*\* PLEASE NOTE: Federal funds may be withheld for non-compliance.\*\****

|  |  |  |  |
| --- | --- | --- | --- |
| **Teacher Name:** |  | **School:** |  |
| **LEA:** |  | **Principal:** |  |
| **Current Grade Level Assignment:** |  | **Non-Highly Qualified Content Area(s):** |  |

**√ Check the appropriate box(es) and complete requested information below:**

|  |  |
| --- | --- |
|   | **Elementary Certificate (K-8)** |
| Approved Area(s) on Certificate/Endorsements: |
|   | **Secondary Certificate (7-12)** |
| Approved Area(s) on Certificate/Endorsements: |
|   | **Special Education Certificate (K-12)** |
| Disability Area(s)/Endorsements: |
|  |  **Other (Indicate in the Space Provided)** |
|  |  |

Indicate below the **specific steps** the teacher will take to become highly qualified in the content area/grade level identified above. **Each step must be measureable.**

The Corrective Action Plan must outline the most expedient means of reaching the highly qualified status.

**Completion of the Correction Action Plan is not to exceed: January 1, 2015**

|  |  |
| --- | --- |
| **Action Step(s) to Reach Highly Qualified Status** | **Projected Completion Date** |
|   |  |
|  |  |
|  |   |
|  |  |
|  |  |

**Your signature indicates your commitment to implementing the Corrective Action Plan indicated above:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Signature of Employee (Not Applicable if Vacant Position) Date*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Signature of Building Administrator Date*

 \_\_
*Signature of Superintendent/Charter Representative Date*