

COVER SHEET FOR TEACHER ACTION PLANS

Name: _____ School: _____ Grade Level: _____

Certification Currently Held: Support Team Members:

Type: _____

Endorsement: _____

Expiration Date: _____

Certificate Sought: _____

Steering Committee Action:

Initial Approval:

Date T.A.P. Submitted: _____ Teacher's Signature _____

() Approved Date: _____ Steering Comm. Chair _____

() Not Approved Date: _____ Steering Comm. Chair _____

Suggested Changes: _____

() Resubmission Approved: Date: _____ Steering Comm. Chair _____

Final Approval:

() Approved Date: _____ Steering Comm. Chair _____

() Not Approved Date: _____ Steering Comm. Chair _____

Reasons for Denial: _____
