



Spruce Mountain School District
Regional School Unit 73

RSU 73
CERTIFICATION COMMITTEE
Teacher Action Plan (TAP)

Name: _____ Grade/Subject: _____

Certification Held: _____ Expiration Date: _____

Mentor Teacher: _____

Teaching/School Experience: _____

Plan Approval:

Denial: _____

Date: _____

Based on: Goals and/or Experience

Note:

Teacher's signature

Date

Re-submit this application to the RSU 73 Certification Committee with the evidence of successful completion of the course(s) and/or activity(s).

**PROVISIONAL CERTIFICATION HOLDERS AND
INITIAL CERTIFICATION CANDIDATES
TEACHER ACTION PLAN**

GOAL#1 _____

ACTIVITIES _____

EVIDENCE OF COMPLETION

GOAL#2 _____

ACTIVITIES _____

EVIDENCE OF COMPLETION

GOAL#3 _____

ACTIVITIES _____

EVIDENCE OF COMPLETION

GOAL#4 _____

ACTIVITIES _____

EVIDENCE OF COMPLETION
