



**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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_