

# TEACHER SPECIALIST PLAN APPROVAL REQUEST FORM

# Port Washington-Saukville School District

***Prior to completing this form, staff members are asked to review the procedures and requirements outlined in Administrative Guideline 3120.02 - Credit for Advanced Graduate Coursework.***

**Requesting Approval for:**

☐ **Teacher Specialist I Plan and/or Teacher Specialist II Plan**☐ **Teacher Specialist Plus Plan**

<b>Name of Staff Member:</b>	<b>Date:</b>
<b>Present Position:</b>	<b>School Building:</b>
<b>Provide a brief summary of your learning plan, including how it aligns to the District's areas of focus, culturally-responsive Tier I Instruction, and/or Professional Learning Communities. <i>Attach additional sheets if necessary.</i></b>	
<b>Describe how your learning will benefit your students and colleagues; and how you will you share your knowledge with your colleagues in the District. <i>Attach additional sheets if necessary.</i></b>	

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_