



ALP / ALCP REQUEST(S) FORM

School District

LEA Number

Date

A request to assign a teacher/administrator outside of his/her licensure/subject area or grade level, for more than thirty (30) consecutive days during a school year, is being submitted for the following teacher(s)/administrator(s):

Name	SS#	School	Current Licensure Area(s)	*Out-of-Area Assignment	Beginning Date of out of area assignment for <i><u>this school year</u></i>	ALP/ALCP on File or Enclosed	All school years employed under an ALP/ALCP in this area

***Please list specific subject and grade level. If this is a Special Education assignment, indicate if the assignment is in a core academic area for credit and list the area. Example: Special Education (Math) or Special Education (General).**

All requests for additional licensure plans must be submitted throughout the school year within 30 days of the beginning assignment date of any teacher/administrator not licensed for the grade level and subject areas assigned. Additional licensure plans submitted more than 30 days after the beginning date of the assignment **will not be approved.**

Completion of these items is required before the ADE will consider the request for an additional licensure plan (ALP) for each teacher or additional licensure completion plan (ALCP) for each administrator.

FOR EACH FIRST TIME APPROVAL REQUEST (*Requested regardless of the out of area assignment*):

(1) Justification for the request. Attach documentation of efforts to find a licensed teacher/administrator for the subject/grade levels listed when required.

(2) Attach a copy of the following completed and signed forms for each additional licensure plan approval requested:

- Plan of Study for Adding a Licensure Area
- Additional Licensure Plan (teacher) or Additional Licensure Completion Plan (administrator)

FOR EACH YEAR 2 OR YEAR 3 APPROVAL REQUEST:

Provide:

An updated Plan of Study; and

Evidence of progress by this teacher/administrator to become licensed in this subject area:

YEAR 1: Praxis Test PASSED - OR - Minimum of 3 hours of coursework completed

YEAR 2: Praxis Test PASSED - OR - Minimum of 6 hours of coursework completed

Superintendent: _____

Signature: _____

Address: _____

City, State, Zip: _____

ADE responses should be emailed to: 1) Email _____ 2) Email _____

NOTE: It is the School District's responsibility to monitor each educator in the district on an ALP/ALCP to ensure adequate yearly progress is being made as required by, and stated in the Rules Governing Educator Licensure.

Please remit to:

Arkansas Department of Education
David Baca, Public School Program Advisor
Four Capitol Mall, Room 107 B
Little Rock, AR 72201
david.baca@arkansas.gov