

Documentation of Annual Progress

|        | ALP/ALCP Request Form | Justification | ALP or ALCP (signed by Educator) | Plan of Study | For Testing Out  | For Program of Study                                      |
|--------|-----------------------|---------------|----------------------------------|---------------|--|---|
| Year 1 | ✓                     | ✓             | ✓                                | ✓             |  |   |
| Year 2 | ✓                     |               |                                  | ✓             | ✓<br>Attempted the content area assessment mandated by State Board         | ✓<br>Transcript for 3 semester hours PASSED during Year 1 |
| Year 3 | ✓                     |               |                                  | ✓             | ✓<br>Praxis PASSED or Transcript for 6 semester hours PASSED during Year 2 | ✓<br>Transcript for 6 semester hours PASSED during Year 2 |