

ARKANSAS DEPARTMENT OF EDUCATION
Coaching Endorsement, grade K-12 (area 271)
Additional Licensure Plan

Name: _____ S.S.#: _____

Mailing Address: _____

City, State, Zip: _____

Home phone: (____) _____ Work Phone: (____) _____

Email address: _____ County: _____ School District: _____

School districts seeking to employ educators to teach out of field (not in the field in which the educator is currently licensed) will use the Additional Licensure Plan (ALP) to meet that need. School districts may use the ALP process to address unusual emergency situations when licensed educators are asked to teach in areas/levels for which they are not licensed. School districts may not exceed the six semester limit without possible penalty.

THIS AREA CANNOT BE ADDED BY TESTING ONLY.

Eligibility Guidelines:

- possess a, standard Arkansas educator license,
- seek to add this area of licensure or endorsement, and
- be assigned to teach in this area rather than the one for which they are currently licensed.

Please refer to the Department of Education website at www.arkansased.org and click on educator Licensure, then Add Area to License, for information on adding additional licensure areas by testing out or through a program of study and testing.

Required assessments:

- Praxis II: Physical Education: Content Knowledge, test #0095**
Minimum score required: 169

NOTE: Test at a Glance (TAAG) study guide booklets are available on line from www.ets.org/praxis. Any educator wishing to take any Praxis assessment is strongly encouraged to obtain these study materials.

***The following background is strongly recommended before attempting the Praxis testing.**

Recommended Content background:

- Fundamental movement, motor development and motor learning,
- Movement forms,
- Fitness and exercise science,
- Social science foundations learning,
- Biomechanics, health and safety,
- Prevention of injuries,
- Evaluation, recognition, and administration of emergency care,

- Rehabilitation and reconditioning,
- Organization, administration, counseling for athletic activities.

Recommended Experience Background:

- Experience with dance and rhythmic activities, gymnastics, games, individual/team sports.
- Practice with cardio respiratory and muscular endurance conditioning exercises.
- Experience with safety and injury prevention, including health appraisals and referrals, handling accidents, first aid and CPR.
- Demonstrated understanding of the effects of substance abuse on performance and behavior.

Employing School District Guidelines:

- The employing district will document the need to assign an educator out of field.
- The employing district superintendent shall submit a waiver request and ALP form with the ADE Office of Educator Licensure **within 30 days of the out-of-field teaching assignment**, thus documenting the above statement.
- The employing school district understands that an educator working under this ALP shall make adequate yearly progress (as specified in the Rules Governing Educator Licensure) each school year that the educator is employed in the out-of-area assignment.
- The employing district understands that an educator will have no more than six consecutive semesters from the first date he/she was employed in the out-of-area assignment by any district to meet full licensure requirements for the additional licensure or endorsement being sought. A waiver request must be submitted each school year the educator is employed out-of-area.

School District Assurances:

I certify that the above statements are true and correct to the best of my knowledge.

Superintendent: _____ Date: _____

Educator ALP Guidelines:

Educators shall make adequate yearly progress (as specified in the Rules Governing Educator Licensure) each school year that the educator is employed in the out-of-area assignment. If the educator EITHER leaves the ALP position OR doesn't complete the requirements within six consecutive semesters, he/she will NOT be eligible for employment again under an ALP for this area of licensure.

Applicant Signature: _____ Date: _____ S.S.# _____

RETURN COMPLETED FORM TO:

Arkansas Department of Education
Office of Educator Licensure
Four Capitol Mall, Room 106 B
Little Rock, AR 72201-1071

Phone: 501.682.4342
Fax: 501.682.4898
www.arkansased.org