

ARKANSAS DEPARTMENT OF EDUCATION
Early Childhood/Special Ed. Integrated B-K
Additional Licensure Plan, area (252)

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 MAY NOT BE ADDED BY TESTING ONLY.

Eligibility Guidelines: Educators must meet the following conditions:

- 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

Educators assigned to teach in this field of licensure must complete an approved performance-based program of study, as defined by an Arkansas university, and pass the required assessment(s) for the new licensure area. The additional area of licensure will be added to the credential when all licensure requirements are successfully completed and application is submitted bearing the signature of the university Licensure Officer, verifying completion of the program of study. Test scores and official transcript must be attached.

Required Assessments:

Praxis II: #5023 Interdisciplinary Early Childhood Ed, cut score 160

NOTE: Praxis study companions are available on line from

<https://www.ets.org/praxis/prepare/materials> **Any educator wishing to take any Praxis assessment is strongly encouraged to obtain these study materials.**

An applicant for this endorsement must enroll at a college or university that offers an approved Early childhood/special education integrated B-K program of study to obtain knowledge and skills in the following competency areas:

Recommended Content Background:

- **Development of Young Children, Developmentally Appropriate Approaches to Learning, and Individual Differences**
- **Learning Environments**
- **Content Knowledge, Curriculum Building and Instructional Planning/Strategies**
- **Assessment and Documentation**
- **Relationships and Collaboration with Families, Colleagues, and Community**
- **Professionalism and Ethical Practice**

Employing School District Guidelines:

- The employing school district shall document the need for employing an educator out of area.

- The employing school district superintendent shall submit a waiver request and completed ALP form to the ADE Office of Educator Licensure *within 30 days of the out-of-area 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 year that the educator is employed in the out-of- area assignment.
- The employing school district understands that the 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 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 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 State Capitol Mall, Room 106 B
Little Rock, AR 72201-1071

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Fax: 501.682.4898
www.arkansased.org