

**ARKANSAS DEPARTMENT OF EDUCATION**  
**Foreign Language: Japanese**  
**Grades K-12 (area 704)**  
***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.

**Eligibility Guidelines:**

- Possess a standard Arkansas educator license
- Be licensed in a content teaching area
- Seek to add this area of licensure or endorsement
- Be assigned to teach in this area

**For information on adding additional licensure areas by testing out or through a program of study and testing, please refer to the Department of Education website at <http://dese.ade.arkansas.gov/> and click on Educator Licensure, then Add Licensure Area to License.**

**Required Assessments:**

<b>ACTFL: Oral Language Proficiency Interview</b>	<b>Minimum score: Intermediate-High</b>
<b>Written Language Proficiency Interview</b>	<b>Minimum score: Intermediate-High</b>

<b>Contact: Language Testing International (LTI)</b>	<b>Phone Number (914) 963-7110, Ext. 16</b>
<b>ACTFL Testing Office</b>	<b>Fax Number (914) 963-7113</b>
<b>6 Executive Plaza</b>	<b><a href="http://www.languagetesting.com">www.languagetesting.com</a></b>
<b>Yonkers, N.Y. 10701</b>	

**The following background is strongly recommended before attempting the assessments:**

**Recommended Content Background:**

- Listening comprehension in Japanese
- Structure of the Japanese language

- Reading comprehension in Japanese
- Japanese Culture
- Speaking and writing of the Japanese language

**Recommended Experience Background:**

- Practice with pedagogical approaches to planning instruction
- Developed proficiency with planning lesson plans, demonstrating why specific topics are included in the Japanese curriculum, and how the Japanese curriculum fits into the total school curriculum
- Developed ability to orally paraphrase in Japanese
- Practice with choosing and evaluating materials and instruction for Japanese instruction

**Employing School District Guidelines:**

- The employing district will document the need to assign an educator out of field.
- The employing school district superintendent shall submit a waiver request and completed 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 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 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 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 State Capitol Mall, Room 106 B  
Little Rock, AR 72201-1071

Phone: 501.682.4342  
Fax: 501.682.4898