

Teacher Action Plan

Name: _____	Position/Subject Area: _____	School: _____
Mentor: _____	Position/Subject Area: _____	School: _____
Duration of Tap _____		Portfolio Review Date _____

<p>Maine’s Initial Teacher Certification Standards:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. Content/Subject Area</td> <td style="width: 33%;">2. Integration of Disciplines</td> <td style="width: 33%;">3. Differentiating for The Learner</td> </tr> <tr> <td>4. Planning of Instruction</td> <td>5. Instructional Strategies/Technologies</td> <td>6. Positive Classroom Environment</td> </tr> <tr> <td>7. Communication/Engagement</td> <td>8. Assessment/Evaluation</td> <td>9. Legal/Ethical Responsibilities</td> </tr> <tr> <td>10. Professional Contribution/Involvement</td> <td></td> <td></td> </tr> </table>	1. Content/Subject Area	2. Integration of Disciplines	3. Differentiating for The Learner	4. Planning of Instruction	5. Instructional Strategies/Technologies	6. Positive Classroom Environment	7. Communication/Engagement	8. Assessment/Evaluation	9. Legal/Ethical Responsibilities	10. Professional Contribution/Involvement			<p>Certification Dates Approved: _____ Completion _____ Certificate Exp. _____</p>
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Standard and performance indicator	Activity/Strategy	Resources	Portfolio Evidence

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Signature of Mentor: _____	Date: _____
Signature of Certification Candidate: _____	Date: _____
Approved by PLCSS: _____	Date: _____

Portfolio Completion Review	Portfolio Review Team Member Signatures
Evidence presented 1 2 3 4 5 6 7 8 9 10	
Recommendation	
___ Professional level Certification	
___ Third year extension	
___ Certification denied	Date