LEWISTON SCHOOL DEPARTMENT
Teacher/Educational Technician Professional Renewal Plan

- Long Term Goal Request Form - (GREEN)

Complete every line in this box. (PRINT OR TYPE)

Date submitted _____ *School* _____

Name _____ *Assignment* _____

I plan to renew my certification for _____ *Which expires in* _____

Each teacher must submit a long term goal to the Certification Steering Committee 3 years prior to the date the certification expires. (Submission of a long term goal is recommended for Ed. Techs. also.)

These are my long term goals submitted three (3) years prior to the date my certification expires. ***(Please give a brief description.)***

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