

LEWISTON SCHOOL DEPARTMENT
Teacher/Educational Technician Professional Renewal Plan

- Short Term Goal Request Form - (YELLOW)

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

Date Submitted _____ **School** _____

Name _____ **Assignment** _____

Cert/Author. Endorsement _____ **Expiration Date** _____

Each teacher/ed. tech. must submit a Short Term Goal for each individual course or activity to be used for the purpose of recertification/authorization.

This is a Short Term Goal specifying an individual course or activity.

Name of course/activity _____

Brief description of course or activity: (Include brochure/flyer.)

Please explain how this course/activity relates to the Maine Learning Results and how it will impact upon your present position and/or the purpose of undertaking it. _____

Date(s) you will be attending _____

Indicate number of credits expected _____
(15 Contact Hrs. = 1.5 CEU's = 1 Credit)

Upon completion of this course/activity, I will forward the following documentation.

Official Transcript *Time/activity log*

Certificate of Completion *Other (specify)*

Incomplete forms will be returned.