

DAVIS SCHOOL DISTRICT

Verification of Professional Learning Requirements for APT License Upgrade

Must be submitted with Verification of EYE form

Applicant Information:

Name: Last	First	Middle	CACTUS ID #
Mailing Address			
Email Address			Phone #
School/Department			Grade/Subject Area

Principal Verification:

OPTION #1: Has completed at least 1 district approved university course in each of the 5 standard areas

	PLAN	TEACH	CHECK	ENVIRONMENT	PROFESSIONALISM
University:					
Course # and Description:					

OPTION #2: Has completed 12 Davis District Professional Learning Courses (5 required, 7 self-selected)

Required Courses

	PLAN	TEACH	CHECK	ENVIRONMENT	PROFESSIONALISM
Description:					

Professional Learning Courses

(Take a total 7 courses with at least 1 in each of the 5 standard areas)

Description:					

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1st yr principal signature: Teacher has made demonstrable progress.

Print Name

Date

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2nd yr principal signature: Teacher has made demonstrable progress.

Print Name

Date

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3rd yr principal signature: Teacher has completed requirements.

Print Name

Date