



DIVISION OF ELEMENTARY & SECONDARY EDUCATION

PRE-ADVANCED PLACEMENT AND ADVANCED PLACEMENT ADDITIONAL TRAINING PLAN

SCHOOL DISTRICT & EDUCATOR GUIDELINES:

Educators assigned to teach a Pre-Advanced Placement (Pre-AP) and/or Advanced Placement (AP) course must meet Arkansas Teacher Licensure requirements in the appropriate teaching area and must attend the appropriate training. School districts seeking to employ Pre-AP and/or AP teachers who have not attended the required training will use the Additional Training Plan (ATP) to meet that requirement as follows:

The employing district will file this completed ATP (Section I and III) with the Office of Gifted & Talented and Advanced Placement within the first year of the teaching assignment, and an updated ATP must be filed in the additional years the teacher is in need of the plan, for up to two additional years. When the teacher completes the required training, an ATP (Section II and III) must be submitted indicating the completion of the training.

The employing district understands that a teacher will have no more than three (3) school years from the year of filing to meet the requirements as stipulated in 4.01, 4.02 and 4.03 of Rules Governing Advanced Placement Courses in the Four Core Areas in High School (Act 102, 2003 Special Legislative Session).

District Name: _____ LEA: _____

School Name: _____ LEA: _____

Educator Name (First, Middle Initial, Last): _____

Educator Email: _____

AP Coordinator Name: _____

AP Coordinator Email: _____

SECTION I: Additional Training Plan Request

Complete this portion if you are filing an initial request or a Year 2 or Year 3 Update.

The educator named above is in need of an ATP for the following course(s):

PreAP: _____

AP: _____



Please check one of the following:

___ Year 1, Initial Request

___ Year 2, Update

___ Year 3, Update

SECTION II: Additional Training Plan Completion Documentation

Complete this portion only if you have completed the requirements of a previously filed Additional Training Plan.

The educator named above has been on an ATP for the following course(s):

PreAP: _____

AP: _____

The educator attended the following training in order to meet the requirements of the ATP:

Name of Training: _____

Date of Attendance _____

SECTION III: Statements of Assurance

Complete the information below for ATP Requests or when filing ATP Completion Documentation.

School District Assurances:

The employing school district understands that the educator will have no more than three school years to complete the training requirement. An annual update must be filed each year the teacher is in need of the ATP, for up to two additional years beyond the initial request. An ATP indicating training completion must also be filed when teacher completes the training. School districts may incur penalties if educators do not fulfill the training requirements of the ATP.

I certify that the information contained in this Additional Training Plan is true and correct to the best of my knowledge and affirm the district's commitment to these assurances.

School Authority Name: _____ Position/Title: _____

School Authority Email: _____

School Authority Signature: _____ Date: _____



Educator Assurances:

Educators shall complete training within three school years.

I certify that the information contained in this Additional Training Plan is true and correct to the best of my knowledge and affirm my commitment to these assurances.

Educator Signature: _____ Date: _____

SECTION IV: Communication with Additional Administrators

OPTIONAL: Complete this section if you would like additional administrators whose email addresses are not already listed on this ATP (principal, GT coordinator, etc.) to be included on communication related to this ATP. List email addresses for additional administrators:

Please send the completed form to the Office of Gifted & Talented and Advanced Placement through one of the following methods:

Mail: Office of Gifted & Talented and Advanced Placement
Four Capitol Mall, Mail Slot 28
Little Rock, AR 72201

Fax: Attn: Gifted & Talented and Advanced Placement
501-682-4220

Email: Krystal Nail
krystal.nail@arkansas.gov