

**Provisional/Professional Certification Action Plan**

Name _____	Position/Subject Area _____	School _____
Mentor _____	Position/Subject Area _____	School _____
School Year _____	PLCSS Plan Year:    1    2    3    (circle one)	

Expiration Date of current certificate \_\_\_\_\_      PLCSS Plan Completion Date: \_\_\_\_\_

**Maine's Teaching Standards**

1. Content/Subject Area Knowledge    2. Integration of Disciplines    3. Differentiating for The Learner    4. Planning of Instruction  
 5. Instructional Strategies/Technologies    6. Positive Classroom Environment    7. Communication/Engagement with Community  
 8. Assessment/Evaluation    9. Legal/Ethical Responsibilities    10. Professional Contribution/Involvement

<b>Standards/P.I.</b>	<b>Goal</b>	<b>Activities/Strategies</b>	<b>Date Done</b>	<b>Initials</b>

**Over**

Standards/P.I.	Goal	Activities/Strategies	Date Done	Initials
<b>Signatures:</b>				
Beginning Teacher _____ Mentor _____				