

[Insert District Letterhead]

ESOL ENDORSEMENT PLAN OF STUDY

District USD Name: _____ USD #: _____

Teacher Name: _____ SS # _____
(Last) (First) (Middle Initial)

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Phone: _____

School of Employment: _____ Position: _____

Current Degree: None Associate's Bachelor's Master's Specialist Ph.D./Ed.D.

Current KS License Endorsement Areas: _____

Date coursework began: ____/____/____ Target date to obtain Endorsement: ____/____/____
(No more than **THREE** years from date coursework began)

(Proposed) College or University of Study: _____

Expected teaching position and district upon obtaining endorsement: _____

Plan of Study *(Attach official copy from university & transcripts confirming completion of class.)*

List coursework to be completed each year. Teachers must take at least one course per year to meet the annual progress requirements. Teachers must pass the content area assessment for ESOL endorsement within one year of last course and within three years of the date coursework began.

Course #	Course Title	Credit Hours	Grade	Institution	Estimated Date of Completion	Actual Date of Completion
	Test Code:	N/A		N/A		

Applicant's Signature

Date

Director/Coordinator's Signature

Date