

# SY 2008-09 Title IIa Request

## **For Teachers Who Have Not Attained HQT Status**

Up to \$3,000 is available to teachers who have not attained NCLB-defined HQT status toward professional development activities aimed at attaining highly qualified status.

The teacher's professional development plan documents how the PD activity will lead to highly qualified status.

To request Title IIa funds submit the following forms to the CSAO:

- HQT Professional Development Plan
- ATTACHMENT A – Title IIa Highly Qualified Teacher State Grants Action Plan



**HAWAII DEPARTMENT OF EDUCATION**  
 Personnel Development Branch, 680 Iwilei Road, Suite 400,  
 Honolulu, HI 96817  
**HQT Professional Development Plan**  
 January 2008

**Use this form if you are working toward HQ during the current school year.**  
**All non-HQ teachers must demonstrate active pursuit of HQ status.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Employee ID # \_\_\_\_\_ SSN (last four)  Current School \_\_\_\_\_

Check the subject for which you are submitting evidence of HQ status (**use a separate form for each subject**):

- English/Lang Arts     Mathematics     Science     Civics/Gov     Economics     Geography  
 History     Art     Foreign Language     Elementary\*     Elementary Special Education

Check the grade span for which HQ designation is sought:

- PK- 3     K-6     K-8     5-9     7-12     K-12

IDENTIFICATION OF ACTIVITIES		
	HOUSSE Areas <i>(See Reference Guide)</i>	Description of Activities in Each Area Selected
1	Professional Development in Core Content Area	
2	Activities Related to Core Content Area	
3	Service to the Core Content Area	
4	Awards, Presentations, Publications	
5	Timeline	Month/Year
		Planned Activities
6	How will these activities, taken together result in HQ designation?	
7	Resources necessary to complete plan. (time, funding, other assistance).	

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ATTACHMENT A  
Deadline: **12<sup>th</sup> of Month**  
Fax to: 808-586-3776 Attn: Deann

**TITLE IIa STATE GRANT ACTION PLAN FOR SCHOOL YEAR \_\_\_\_\_**

*This form is to be used for teacher professional development opportunities **towards attaining HQT status.***

School: \_\_\_\_\_ Director Signature: \_\_\_\_\_ Amount Requested: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Teacher's email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

1. Activities identified in HQT Professional Development Plan for teacher:

2. Detail of Planned Activitie(s):

Activity (e.g. course name & number, conference, etc.)	Projected Date(s) For Implementation & Completion	Measurable Outcomes	Projected Costs