



Candidate Name: _____

District/BOCES/Charter Name: _____

Institute of Higher Education (IHE) Name: _____

Completed School Year: _____

Instructions: For each candidate in a Teacher of Record or Grow Your Own Educator Program, complete the following template by **June 15th of each year** to fulfil legislative reporting requirements and maintain the validity of the candidate’s Teacher of Record license. The form should be completed for the prior school year (e.g. in June 2020, you will submit data from the 2019-2020 school year). For those in a Teacher of Record Program, complete Sections I, II, and IV. For those in a Grow Your Own Educator Program, complete ALL sections (Sections I, II, III, and IV). At the beginning of each section, there are further instructions on how to complete that section of the plan, including where signatures are required.

Section I: Teacher of Record/Grow Your Own Educator Program Progress

The IHE and district/BOCES/charter must collaboratively complete the section detailing whether the candidate is on track to complete the program and the section on successfully completed program components. The remaining sections must be filled out by the IHE.

Program Progress			
On Track to Complete the Program as Planned? <i>If no, explain why not and the plan moving forward to ensure the candidate gets on track.</i>			
Completed Program?		Earned Baccalaureate Degree?	
Credit Hours Completed During School Year:		Credit Hours Remaining:	

<p>Successfully Completed Courses</p> <p><i>List class code, name, credit hours, and a one to two sentence description of the courses the participant has successfully completed.</i></p>	
<p>Successfully Completed Program Components</p> <p><i>List the completed components of the baccalaureate degree program (beyond the course information detailed above).</i></p>	

Section II: Participant Employment Information

The district/BOCES/charter must fill out the following information detailing the candidate’s employment information. If a performance evaluation of the candidate was conducted by the IHE, then the IHE must fill out the candidate’s overall performance rating in the appropriate section below.

When completing the Classes Taught table, add as many rows as needed. In the totals row, include a list of all grade levels taught for the Grade Level Taught column and the total number of students taught for the Number of Students Taught column.

Employment Information	
School Name:	
Position Title:	
Overall Performance Rating (from district/BOCES/charter):	
Overall Performance Rating (from IHE, if applicable):	

Class(es) Taught: <i>List class name ¹ and a one to two sentence description of the class.</i>	Grade Level(s) Taught:	Number of Students Taught:
<i>Totals</i>		

Section III: Grow Your Own Educator Program Grant Information

*THIS SECTION SHOULD BE COMPLETED **ONLY** IF PARTICIPATING IN A GROW YOUR OWN EDUCATOR PROGRAM (e.g. receiving GRANT FUNDING). If you did not receive grant funding, skip this section.*

The district/BOCES/charter must complete the following section to ensure continued funding and/or detail funding repayment plans for the candidate to repay the district/BOCES/charter and then for the district/BOCES/charter to repay the Colorado Department of Education.

Grow Your Own Educator Program – Additional Information			
3 Year Teaching Commitment Waived in whole or in part? <i>If yes, provide detail in the space below.</i>		Repaying tuition funds? <i>If yes, provide detail in the space below.</i>	

¹ Elementary teachers should list ‘General Elementary Education’ as the class name for this section.

Section IV: Assurances

The district/BOCES/charter, IHE, and candidate must complete the assurances below. Some assurances require selecting options from a drop down menu.

District/BOCES/Charter Assurance	
By signing below, I certify: <ul style="list-style-type: none"> • The accuracy of the information included in this report; • The candidate is _____ to the district/BOCES/charter to teach; and • The terms of the tuition repayment, if applicable. 	
Name of Superintendent/ BOCES Executive Director/ Head of Charter School:	
Title of Representative:	
Email Address:	
Signature:	
IHE Assurance	
By signing below, I certify: <ul style="list-style-type: none"> • The accuracy of the information included in this report; • The candidate is in good standing with the IHE; and • The candidate _____ the program. 	
Name of Authorized IHE representative :	
Title of Representative:	
Email Address:	
Signature:	
Teacher of Record Licensure Candidate Assurance	
By signing below, I: <ul style="list-style-type: none"> • Agree with the information as reported by the IHE and district/BOCES/charter; • Confirm that I am _____ to teach at the district/BOCES/charter; • Confirm that I _____; and • Agree to the terms of the tuition repayment, if applicable. 	
Name:	
Email Address: <i>(Include a personal email address; do NOT use a school or work email address)</i>	
Signature:	