

APPENDIX V – 20



# GATE PERMANENT ENDORSEMENT SUPPORT PLAN

Teacher -	Site -
Principal -	Grade Assignment - Subject (if applicable)

Please check the appropriate box and complete requested information below:

Yes, I have my **provisional** endorsement (*please send copy to the GATE Department*)

Yes, I have my **permanent** endorsement (*please send copy to the GATE Department*)

No, I do not have my  provisional or  permanent endorsement. My projected completion date to have completed the requirement for \_\_\_\_\_ is \_\_\_\_\_ (date).

In accordance to TUSD requirement and/or Arizona statute (ARS 15-779.02 A.3.), any teacher assigned to teach a gifted class MUST hold a permanent GATE endorsement.

Please indicate the specific steps you will follow to earn your permanent GATE endorsement. Each step must be measurable. The Support Plan must outline the most expedient means of reaching your endorsement.

Endorsement Support Plan	Projected Completion Date

Your signature indicates your commitment to implementing the Support Plan as outlined above. If the projected status is not completed by the date indicated above, it may affect assignment for the following school year.

\_\_\_\_\_  
*Signature of Employee* *Date*  
Updated 9/2015