



**Action Plan
Initial Licensure Exam**

Date	Name (Last, First, MI)	University ID #
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Program:

- Early Childhood Elementary Education Special Education
 Art Biology Chemistry Earth and Space Science Environmental Science
 English French German History Mathematics Physics Spanish

Program Coordinator or Designee (e.g. Advisor) _____

Action Plan Starting Date _____ (MM/DD/YY)

Action Plan Ending Date _____ (MM/DD/YY)

The first action plan must cease at the end of the first semester of acceptance into licensure coursework. If, at the end of the semester, the action plan has been met but the student has still not passed, another Action Plan may be initiated.

Initial Licensure Exam Results:

Test Date _____ # Attempts to date _____

TAP

ELA Score _____ Reading Score _____ Math Score _____ Writing Score _____

ACT

Composite Score _____ ACT Writing Score _____

SAT

Composite Score _____ SAT Writing Score _____

Next date when student will take an initial licensure exam _____

I, the undersigned, understand that if I do not pass an initial licensure exam in the specified amount of time, I may be counseled out of the program and may be unable to apply that coursework to another major.

Student/Candidate Signature

Program Coordinator or Designee Signature