



# PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

*We educate all children to reach their greatest potential.*

## Teacher Specialist Plan Approval Request Form

Teacher Specialist I & II

Teacher Specialist Plus

Name:	Date:
Teaching Assignment:	School Building:
Please provide a brief summary of your learning plan:	
How will your coursework and/or learning plan benefit your students, your colleagues, and our District?	
How will you share your knowledge with your colleagues in the District?	

\*You are welcome to attach additional information

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

District-Level Director Signature \_\_\_\_\_ Date \_\_\_\_\_