

Proficiency Evaluation
Middle School Extension

Applicant's Name _____

Extension Request _____

Date of Committee Review ___ / ___ / ___

Proficiency	Proficiency Met (yes/no) Provide Rationale	Action to Meet Proficiency
Middle School Foundations/ Teaching Strategies		
Psychological Foundations		
Work with Exceptionalities		
Reading/Language Arts Preparation		
Content Area Preparation		
Technology Preparation		
Teaching/Practicum Experiences		

Committee Members (signatures)
