

Group Lead Study Plan for:

Date:

The following serves as an educational study plan for Group Lead Teacher _____
in accordance with article 47 of the New York State Department of Health.

Address of Group Lead Teacher: _____

Primary Phone Number_(_____)_____ and Email _____

Name of Institution Awarding MA in Early Childhood Education and Date:
_____ and _____

Test Exams (Checked box means teacher has satisfied and passed the requirement)

ALST:
_____ will complete and test on _____ of 20__

EAS:
_____ will complete and test on _____ of 20__

CST:
_____ will complete and test on _____ of 20__

edTPA:
_____ will complete and test on _____ of 20__

Mandated Trainings

Child Abuse:

DASA:

School Violence and Prevention:

CPR:

Fingerprinting

DOE:

DOI:

Will apply on:

Group Lead Study Plan for:

Coursework (Check applicable condition and explain)

Is enrolled in BA in ECE with B-2 Certification Track__ Will complete by _____ of 20__ for a total of ___credits.

Is enrolled in MA in ECE with B-2 Certification Track__ Will complete by _____ of 20__ for a total of ___credits.

Additional information on Group Lead Teacher:

TEACH New York State Certification Governing Agency

Applied on Date:_____

Signature of Group Lead Teacher and Date:

_____ and _____

Signature of Center Director or Executive Director and Date:

_____ and _____