|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PRINCETON R-V SCHOOL DISTRICT**  **1008 E. Coleman, Princeton MO 64673 ⁕ phone (660) 748-3211 ⁕ fax (660) 748-3212** Career Ladder – Application/Plan | | | | | | | **Career Development Plans must be completed and submitted to building principals for consideration by September 1st.** | | | | | |
| I. General Information | | | | | | | | | | | | |
| **CAREER LADDER STAGE** STAGE I  STAGE II  STAGE III | | | | | | | | | | | | |
| Name: |  | | | Building: | |  | | | Date: | | |  |
| ***Overview of Participation in the Career Ladder Program:*** (what are your ideas that you want to implement, why are you wanting to implement these activities, who will be your targeted audience, etc.) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| ***Alignment of Career Ladder Plan to the School Improvement Plan, Professional Development Plan, or Other Building/District Instructional Improvement Plan Goals:*** (Identify the specific goals your Career Ladder Plan will address) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **II. Planned Activities (**Make a list of anticipated activities that you plan to complete to earn your hours) | | | | | | | | | | | | |
| **Activity** | | **Timeline for Activity** | | | **Number of Hours** | | | **Student Contact/Other** | | | | |
|  | |  | | |  | | | Student Contact  Other | | | | |
|  | |  | | |  | | | Student Contact  Other | | | | |
|  | |  | | |  | | | Student Contact  Other | | | | |
|  | |  | | |  | | | Student Contact  Other | | | | |
|  | |  | | |  | | | Student Contact  Other | | | | |
|  | |  | | |  | | | Student Contact  Other | | | | |
|  | |  | | |  | | | Student Contact  Other | | | | |
|  | |  | | |  | | | Student Contact  Other | | | | |
|  | |  | | |  | | | Student Contact  Other | | | | |
|  | |  | | |  | | | Student Contact  Other | | | | |
| Additional Information: | | | | | | | | | | | | |
| **III. AGREEMENT** | | | | | | | | | | | | |
| *Please read each statement below, initial next to each statement, and sign the bottom.* | | | | | | | | | | | | |
| Initial | Statement | | | | | | | | | | | |
|  | To successfully complete the stage at which I am participating, I will log a minimum of 50 hours to complete Stage I or log a minimum of 75 hours to complete Stage II or log a minimum of 100 hours to complete Stage III. | | | | | | | | | | | |
|  | At least two-thirds (2/3) of the minimum total hours I log for my stage will be earned through STUDENT CONTACT. By number of hours this is a minimum of: Stage I (30), Stage II (45), Stage III (60) | | | | | | | | | | | |
|  | At most one-third (1/3) of the minimum total hours I log for my stage can be earned through OTHER AREAS. By number of hours this is a maximum of: Stage I (20), Stage II (30), Stage III (40) | | | | | | | | | | | |
|  | I understand that I cannot count hours toward career ladder for activities that I complete during my contracted hours of 7:45 a.m. and 3:15 p.m., Monday – Friday. | | | | | | | | | | | |
|  | I understand that I cannot count hours for activities that I already receive a stipend or payment for. | | | | | | | | | | | |
|  | I understand that I have to complete all hours at the specified stage in order to receive maximum compensation at that stage. | | | | | | | | | | | |
|  | I understand that I have to track my hours and submit them to my building principal by May 31st. | | | | | | | | | | | |
|  | I understand that I will be compensated for my hours in June 2025. | | | | | | | | | | | |
|  | I understand that if I have questions regarding Career Ladder or Career Ladder activities, I should contact my building principal. | | | | | | | | | | | |
|  | I understand that my progress towards meeting my hours will be checked quarterly, and I should submit my hourly logs to my building principal no later than the last day of each quarter. | | | | | | | | | | | |
| By signing below, I understand that my plan will be reviewed by the Career Ladder Committee and will be approved or denied based on the information provided. I agree to keep records as required by the district to ensure my hours are being met. | | | | | | | | | | | | |
| Teacher Name (Printed) | | | Teacher Signature | | | | | | | | Date | |
| **IV. CERTIFICATION (To be completed by the Career Ladder Committee)** | | | | | | | | | | | | |
| **Stage** STAGE I  STAGE II  STAGE III  **General Plan**  **Alignment to State, District, Building, Personal/Professional Goals**  **Plan Outline**  **Assurance Statements**  **Decision**  **Plan is Approved**  **Plan is Partially Approved (requires modification or clarification prior to full approval)**  **Plan is Denied.** | | | | | | | | | | | | |
| **Career Ladder Committee Member Signature** | | | | | | | | | | Date | | |
| **Career Ladder Committee Member Signature** | | | | | | | | | | Date | | |
| **Building Principal Signature** | | | | | | | | | | Date | | |
| **Notes:** | | | | | | | | | | | | |