

Faculty Action Plan Form

My plan for meeting minimum qualifications set by the Higher Learning Commission.

Date		
Minimum Teacher Qualification Action Plan for teaching	_(subject matter)	
Faculty member	_CIHS School District	

<u>DIRECTIONS</u> – Choose Option 1, 2, or 3. Within the option, map out the action plan and timeline for compliance of the HLC.

Option 1) I have met the HLC expectations:

- a) Master's degree in the field in which you teach
- b) Master's degree *not in the field* in which you teach *and* 18 graduate credits in the field in which you teach

Option 2) Master's degree is not in the discipline in which you teach AND (choose a, b, or c):

a) Completion date of minimum graduate credits will be: _____

Subject	Cradita	(English, English, S Date to Complete	Subject	Cradita	Date to Complete
Subject	Credits	Date to complete	Subject	Credits	Date to complete
bservations & Feedback:	·				

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Continued Option 2) Master's degree is not in the discipline in which you teach AND (choose a, b, or c)

OR

b) I have an active (or am in the process of earning), relevant, industry recognized credential

Relevant, Industry Recognized Credential	-	Official Document
(CPA licensure, CQM, TESOL certification, FAA certifications, etc.)	Date Renewed	is on File at UMC
Observations & Feedback:		

OR

c) Demonstration of equivalent relevant experience (choose one):

Dates	(i) Other advanced level "faculty-like" work (e.g. curriculum dev, textbook authoring)	Documentation is on File at UMC
Dates	(ii) Service as an Extension Reviewer	Documentation is on File at UMC
Dates	(iii) Disciplinary service outside the classroom (e.g. national judging)	Documentation is
		on File at UMC
Dates	(iv) Peer-reviewed research and/or publications	Documentation is on File at UMC
Dates	(v) Advanced professional experience (this section is for items that do not fall under i – iv)	Documentation is on File at UMC
Observation	s & Feedback:	

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Option 3) I am working towards a master's degree in the discipline in which I teach:

Degree (M.A., M.S., etc.)	Master's degree in the field in which you teach. (English, Mathematics, etc.)			Date to be Completed		
Sub	oject	Credits	Date to Complete	Subject	Credits	Date to Complete
Observations 8	& Feedback:					

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CIHS Faculty

CIHS Coordinator

_Date _____

Sign ___

_____Date _____ High School Principal

Sign __

_____Date _____

Sign _____

_Date _____

Division Head for Business, Arts, & Education