

SECTION I

Loc # Loc Name: Date
 Last Name: First Name: SSN:

SECTION II

I recommend the above employee to teach:

Course Code Numbers

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Justification for Out-of-Field Subjects: (Not needed for out-of-field placement in ESOL, Gifted, or Reading.

Out of Field For Student Characteristic(s)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

NOTE: The only ESOL submitted on an Out-of-Field Agreement is Category I.

Verify acceptable certification(s) for assigned courses by reviewing the Florida Course Directory at <http://www.fldoe.org/articulation/CCD/> prior to submitting an Out-Of-Field Agreement.

Out-of-Field Date

Current Area(s) of Certification:

SECTION III

If I am out-of-field for ESOL, I agree to complete my ESOL training according to the Multicultural Education Training Agreement (META) timeline.

If I am out-of-field for Gifted or Reading, I agree to complete six (6) semester hours of college credit or 120 inservice points in the out-of-field area within 12 months from the date of my out-of-field assignment.

If I am out-of-field in any other area(s), I agree to pass the appropriate FL Subject Area Exam within 12 months from the date of my out-of-field assignment.

I have verified that the above teacher holds a valid Florida Department of Education certificate and have attached a copy of the certificate to this Agreement prior to submission for the Area Superintendent's signature. I also understand that the Principal/Administrator must monitor the teacher's out-of-field training progress to ensure the teacher is within state-mandated out-of-field training requirements.

SECTION IV

Acknowledgement of Receipt

 Authorized Official
