



# Add Endorsement: Alaska Reads Act Reading Teacher

Teacher Certification – Alaska Department of Education and Early Development

## PERSONAL INFORMATION

It is the responsibility of the applicant to maintain current information, including name, mailing and email addresses on file with the Teacher Certification Office. All name changes must be supported with a photocopy of the legal document verifying the change.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Former Last Name(s): \_\_\_\_\_ Highest Educational Degree: \_\_\_\_\_

## ENDORSEMENT(S) REQUEST

I am requesting the following endorsement to be added to my certificate(s):

Alaska Reads Act Reading Teacher

## AK READS ACT ENDORSEMENT REQUIREMENT

To qualify for an Alaska Reads Act endorsement, you must satisfy **one** of the following options:

### Option 1: Completion of a DEED-approved training or coursework

This method requires the completion of a DEED-approved Science of Reading (SoR) training or coursework. A list of approved trainings and courses are available [here](https://education.alaska.gov/alaska-reading-resources/DEED-Professional-Development). (https://education.alaska.gov/alaska-reading-resources/DEED-Professional-Development)

Indicate below which of the approved trainings or coursework you have completed. You must submit an official transcript or a copy of your certificate of completion as evidence you have satisfied this requirement.

**DEED-approved SoR training or coursework**

**Date of Completion**

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### Option 2: Passing Score on an approved exam

This method requires passing scores on one of the approved SoR exams. A list of the approved exams are available [here](https://education.alaska.gov/alaska-reading-resources/DEED-Professional-Development). (https://education.alaska.gov/alaska-reading-resources/DEED-Professional-Development)

**Content Area Exam (Vendor Name & Exam #)**

**Date of Completion**

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## AK READS ACT READING TEACHER REQUIREMENTS

To qualify for an Alaska Reads Act Reading Teacher endorsement, you must satisfy one of the options above and submit a reading instruction evaluation form signed by a district administrator or designee. The form is available on page three of this application.

## FEE SCHEDULE

No fee required.

## CHECKLIST

- Completed Endorsement Application**
- Science of Reading Exam Score Report, Official Transcripts, or Certificate**
- Reading Instruction Evaluation Form (page 3)**

## SIGNATURE

I certify that the information provided in this application is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:** If you would like your original documents returned, you must include a self-addressed, stamped envelope with your complete packet. We recommend that you send your completed packets to the Teacher Education & Certification Office using one of the many tracking options that are available.

## MAIL YOUR APPLICATION

The application and supporting documents must be mailed to the Teacher Certification office at the following address:

Department of Education and Early Development  
Teacher Certification  
PO Box 110500  
Juneau, AK 99811-0500

## QUESTIONS

Email: [Teacher Certification](mailto:tcwebmail@alaska.gov) (tcwebmail@alaska.gov)

Phone: (907) 465-2831 Fax: (907) 465-2441

[Teacher Certification Website](https://education.alaska.gov/teachercertification) (https://education.alaska.gov/teachercertification)



# Add Endorsement: Alaska Reads Act Reading Teacher

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## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Last Four of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

❖ **THE REMAINING SECTIONS BELOW ARE TO BE COMPLETED BY THE SCHOOL DISTRICT DESIGNEE, NOT THE APPLICANT.**

## DISTRICT/SCHOOL INFORMATION

District Name: \_\_\_\_\_

Superintendent or Chief School Administrator Email Address: \_\_\_\_\_

School Name: \_\_\_\_\_

School [OBJ] \_\_\_\_\_ [OBJ] [OBJ] [OBJ] [OBJ]

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

School Principal/Direct Supervisor Email Address: \_\_\_\_\_

## READING PERFORMANCE DATA

Indicate the assessments used to evaluate the applicant’s impact on student reading achievement.

**Student reading performance assessment(s)** \_\_\_\_\_

**Date(s) of assessments:** \_\_\_\_\_ to \_\_\_\_\_

**Number of students assigned to applicant during review period:** \_\_\_\_\_

**Number of assigned students reading at or above grade level at the beginning of the review period:** \_\_\_\_\_

**Number of assigned students reading at or above grade level at the end of the review period:** \_\_\_\_\_

**Description of applicant’s impact on student reading achievement:** \_\_\_\_\_

## ASSURANCE

On behalf of the district, we request the issuance of an AK READS ACT READING TEACHER ENDORSEMENT for the individual listed in the APPLICANT INFORMATION section above. We certify that the applicant has demonstrated effectiveness in instructing students to read at or above grade level as measured by the student assessments listed above. The applicant has also been evaluated and rated proficient or higher in all areas of the evaluation.

Principal/District Representative:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_