

Office of Educator Certification

Type all information or use blue or black ink.

Professional Development Plan

Administration Alternative Certification

Part 1 – Applicant Information								
South Dakota Educator or Preliminary Certificate Number:					Expiration Date:			
Last First Name: Name			:		Maiden/Previous Last Name:			
Telephone Number:			Email Address:					
Part 2 – Professional Development Plan Information Email completed form to certification@state.sd.us or upload to your application								
Public or Department- Accredited School:				School Building Name:				
 Superintendent All requirements must be completed within five years with 21 transcripted credits from a regionally-accredited institution of higher education with a grade of C or higher in the following areas. 								
Coursework Strands	Name of regionally-accredited institution of higher education			Course Number and Name		Intended Completion Date		
Leadership and district culture								
Organizational management								
Values and ethics of leadership								
Educational policy and law								
Communication								
Community relations								
Curriculum planning and development								
School finance								
Instructional management								
Three-hour approved South Dakota Indian studies course								
State-designated content test: (must be completed prior to pi			-	t Assessment				

	Name of regionally-accredited institution of higher education	Course Number and Name	Intended Completion Date
Instructional leadership			
Ethical and inclusive leadership			
Cognitive coaching/facilitation skills			
Creating a safe and inclusive school environment			
Process management			
Systems management			
Educational policy and law			
Three-hour approved South Dakota Indian studies course			
State-designated content test: I (must be completed prior to pro	Praxis 6990 School Leaders Licensu ogram completion)	ire Assessment	
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