

St. Martin Parish School Board

Licensure Tracking Form

Teacher's Name: _____

School Site: _____ Licensure: 2 3

Beginning date of licensure 2 / 3: _____

Year One: _____ (total CLUs, with attached documentation)

Year Two: _____ (total CLUs, with attached documentation)

Year Three: _____ (total CLUs, with attached documentation)

Year Four: _____ (total CLUs, with attached documentation)

Year Five: _____ (total CLUs, with attached documentation)

Expiration date of Licensure 2 / 3: _____

Teacher's Signature (Year 1)

Principal's Signature (Year 1)

Teacher's Signature (Year 2)

Principal's Signature (Year 2)

Teacher's Signature (Year 3)

Principal's Signature (Year 3)