

ANCHORAGE SCHOOL DISTRICT  
No Child Left Behind Act  
Highly Qualified Teacher

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PRAXIS II ADDENDUM VARIANCE

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The ASD is committed to supporting its teachers in obtaining NCLB highly qualified teacher designations. Typically, the ASD automatically remits an addendum when an eligible teacher acquires a new HQT designation using the Praxis II option in MyLearningPlan.com. In some cases, however, a teacher may take a Praxis II exam that does not result in a passing score. A teacher may use this form to request remittance of an addendum when a passing Praxis II score has not been attained.

**Eligibility requirements:** The applicant must be an ASD teacher (AEA bargaining unit) at the time the test is taken. Eligibility includes teachers on approved leave of absence and who plan to return to the ASD. Only Praxis II tests taken after July 1, 2007 are eligible. The test must be taken in an attempt to acquire a new HQT designation. The applicant's supervisor must approve this request. The district is unable to remit addenda to teachers who terminate ASD employment before the addenda can be processed.

For information about HQT passing Praxis II scores, go online to [www.asdk12.org/NCLB/teachers/praxis.asp](http://www.asdk12.org/NCLB/teachers/praxis.asp). For information about how Praxis II addendum amounts are calculated, go online to [www.asdk12.org/forms/uploads/PraxisII\\_Addenda.pdf](http://www.asdk12.org/forms/uploads/PraxisII_Addenda.pdf). For general ASD HQT information, go online to [www.asdk12.org/nclb/teachers/](http://www.asdk12.org/nclb/teachers/).

For consultation regarding HQT planning, support and fiscal resources – teachers and principals should contact Zareena Clendaniel at [Clendaniel\\_Zareena@asdk12.org](mailto:Clendaniel_Zareena@asdk12.org) or 742-7819.

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Applicant's Name Printed: \_\_\_\_\_

Applicant's School Printed: \_\_\_\_\_

*With my signature, I am verifying that I meet the eligibility requirements cited above.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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Principal's Name Printed: \_\_\_\_\_

*With my signature, I am verifying that I approve this request.*

Principal's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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**THE VERIFYING PRAXIS II SCORE SHEET MUST BE ATTACHED TO THIS FORM.**

**Send this form with score sheet attached through the ASD mail or deliver to:  
Zareena Clendaniel, District Accountability Office, ASD Education Center**