

School District of Madison County
Out of Field Form

Location
Date

Name of Teacher

I recommend the above employee to teach:

Course Code Numbers

Course Title

Justification for assignment to out-of-field subjects:

Verify acceptable certification(s) for assigned courses by reviewing the Florida Course Code Directory prior to submitting this out-of-field form.

Out of Field Date

Current Area of Certification(s)

- ☐ If I am out of compliance for ESOL, I agree to complete my ESOL requirements by the Multicultural Education Training Timeline.
- ☐ If I am out of compliance for Reading, I agree to complete by reading endorsement for certification within one calendar year.
- ☐ If I am out of field in any other area(s), I agree to pass the subject area certification exam by the end of the school year.

Teacher Signature

Date

I have verified the above teacher holds a valid Florida teaching certificate and have attached a copy of their certificate to this form. I also understand it is my responsible for monitoring the teacher's out of field training progress to ensure the teacher is within the state mandated out-of-field training requirements.

Principal's Signature

Date