

**State of Hawaii
Department of Education
Notification of Personnel Action**

Form 5 (8/2010)
Certificated Personnel

1 DOE ID	2 Name: Last - First - Middle	3 Address		
01010101	Terry Teacher	1234 School St Mililani, HI 96789		
4 Market Status	5 Retirement Group/PICA	6 Payroll No	7 Paycheck Location	
X	XXXX	XXX	777 - Aloha School	
8 Effective Date	9 Nature of Action/Reason		10 Leave MTE Date	11 Partial Pay Day
xx/xx/xxxx	Appointment/Re-appointment			:
12 Appointment Type/Employee Status		13 Appoint MTE/End Date		14 FTE 15 Action Status
FA - Regular		xx/xx/xxxx		1.0000 Approved
16 Position No	17 Position/Business Title	18 Position Location		19 Track
XXXX	Secondary Teacher	777 - Aloha School		
20 Barg Unit	21 Service Comp Date	22 State Employment Date		23 Step Movement Date
05				
24 Name of Employing Agency				
Department of Education/CA sample/Aloha School				

From Compensation

To Compensation

Employee Funding (UAC - Uniform Accounting Code)

Employee Changes

Remarks

Information concerning appointment, length of employment period and salary stated herein is subject to applicable State laws, Department rules and regulations, and appropriate collective bargaining agreements, and may be corrected or changed as deemed by the Department. Annual salary for 10-month employees is earned at the daily rate for each scheduled work day, paid holiday, and paid winter and spring vacation day. Salaries shall be paid over 24 equal semi-monthly pay periods except when adjustments are made necessary because of absence without pay or a partial work year or other good reason. Summer salary earnings shall be paid over the summer salary period. Any claims for salary error or for change in salary due to reclassification must be made in writing to the Department within the school year in which the error or change in status is claimed.

XX-XX-XXXX

Date

/s/ Kathryn S. Matayoshi
Superintendent of Education

ETS HOME PRAXIS HOME



Welcome, Michael Redra

SIGN OUT MY PRAXIS HOME STORE FAQ CONTACT US

FOR TEST TAKERS

Order Details

This page is not your Admission Ticket. You can print or view the ticket for each test date with the links below.

You may access your scores for a given paper-delivered test the afternoon of the score report mailing date. Your scores will be accessible through your account for 45 days. We recommend you download or print your report for your records.

Test Taker Information

Name: Terry Teacher
 Address: 1234 School St
 Mililani, HI 96789
 USA
 Date of Birth: April 1, 1980
 Candidate ID Number: 01010101
 Email Address: Terry_Teacher@notes.k12.hi.us
 Order Date: Feb 7, 2012

Sample Praxis Order Details

Registration Information for Test Date Mar 10, 2012

[Print or View Admission Ticket](#)

Test Date and Center			Code	
Saturday, March 10, 2012				
LEEWARD COMMUNITY COLLEGE LEEWARD COMMUNITY COLLEGE COUNSELING OFFICE (AD221) ROOMS POSTED - PEARL CITY HI WWW.LCC.HAWAII.EDU.CAMPUSMAP PEARL CITY, HI, 96782			07826	
Tests		Delivery Mode	Code	Price
Middle School Social Studies Report Time: 7:30 AM Duration: 2 hr(s)		Paper	0089	\$90.00
Attending Institution			Code	
UNIVERSITY OF HAWAII MANOA 1776 UNIV AVE, 222 EVERLY HALL HONOLULU, HI, 96822463			4867	
Your Score Report Copy				Price
You may access your scores for a given paper-delivered test the afternoon of the score report mailing date. Your scores will be accessible through your account for 45 days. We recommend you download or print your report for your records.				Free
Automatic Score Recipient			Code	Price
HAWAII TEACHER STANDARDS BOARD 650 WILEI RD., SUITE 201 HONOLULU, HI, 96817			8620	Free
Score Recipient(s)			Code	Price
You have not selected any Score Recipients for this order				
Costs for Test Date				
Total Surcharge:				\$0.00
Tax:				\$0.00
Subtotal:				\$90.00

Order Total

Payment Amount: \$140.00

[Back to My PRAXIS Home](#)

Payment Received:	Feb 7, 2012
Payment Method:	DISC
Registration Total for Test Date	
PRX Registration Fee	\$50.00
Subtotal:	\$140.00
Tax:	\$0.00
Total For Order:	\$140.00

[Legal Privacy & Security](#)

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Sample Praxis Order Details

BACKGROUND INFORMATION

Examinee's Name: **TEACHER, TERRY** Candidate ID Number: **01010101**
 Social Security Number: **575-00-1234** Sex: **M** Date of Birth: **04/01/1980**

EDUCATIONAL INFORMATION

College Where Relevant Training Was Received: **UNIVERSITY OF HAWAII MANOA**
 Undergraduate Major: **ENGLISH**
 Graduate Major: **ENGLISH**
 Educational Level: **EARNED BACHELOR'S DEGREE PLUS ADDITIONAL CREDITS**
 GPA: **2.5 - 2.99**

**Sample Praxis Examinee
Score Report**

SCORE RECIPIENT(S) REQUESTED

Code	Recipient Name	Code	Recipient Name
R8620(A)	HAWAII TEACHER STANDARDS BOARD		

CURRENT TEST DATE: 03/10/2012		Your Score	Possible Score Range	Average Performance Range	Score Recipient Code(s) from Current Administration				
TC# Code	TC# Name				0089	0730			
0089	MIDDLE SCHOOL SOCIAL STUDIES	180	100-200	154-179	Y				

HIGHEST SCORE AS OF: 04/06/2012		Your Highest Score	Possible Score Range	Score Recipient Code(s)					
TC# Date	TC# Code	TC# Name			0089	0730			
03/10/2012	0089	MIDDLE SCHOOL SOCIAL STUDIES	180	100-200	Y				
11/23/2002	0730	PPST MATHEMATICS	182	150-190	Y				

ETS will retain your score for ten years for reporting purposes.
 * For more details on Average Performance Range refer to footnote on last page of this score report.
 Message Codes: A = SCORE AUTOMATICALLY REPORTED TO STATE LICENSING AGENCY
 Y = SCORE REPORTED TO RECIPIENT LISTED.



TEST TAKER: TEACHER, TERRY

PASSED/NOT PASSED INFORMATION BASED ON HIGHEST SCORES EARNED AS OF: 04/06/2012

Passed/not passed status provided in this report is based on the passing score in effect on the test date or on the date reported (as indicated next to each score recipient's name). Agencies reserve the right to accept the reporting of scores but not necessarily the passed/not passed status.

HAWAII TEACHER STANDARDS BOARD			8620		Your Highest Score	Required Minimum Score	Minimum Score Met (No/Not)	Required Passing Score	Passed/Not Passed Status
Test Date	Test Code	Test Name							
03/10/2012	0089	MIDDLE SCHOOL SOCIAL STUDIES			180			152	PASSED
11/23/2002	0730	PPST MATHEMATICS			182	170			

For more information on interpreting your scores, please refer to "Understanding Your Praxis Scores" available at www.ets.org/praxis. Further information on state requirements is also available online. Passed/Not Passed information not provided if more than one qualifying score is used for a test, or qualifying score is not available.

*THIS INFORMATION IS PROVIDED TO THE EXAMINEE ONLY.

+PASSED/NOT PASSED INFORMATION NOT PROVIDED BECAUSE TEST(S) TAKEN IS/ARE NOT USED BY THIS AGENCY.

Sample Praxis Examinee Score Report



DETAILED INFORMATION FOR: 03/10/2012 TEST DATE

TEST CATEGORY	Raw Points Earned	Raw Points Available	Average Performance Range
MIDDLE SCHOOL SOCIAL STUDIES I. UNITED STATES HISTORY II. WORLD HISTORY III. GOVERNMENT/CIVICS IV. GEOGRAPHY V. ECONOMICS VI. SHORT CONTENT ESSAYS	17 13 10 9 8 14	20 16 15 14 14 18	9-14 7-11 7-11 7-11 7-10 8-13
<h2>Sample Praxis Examinee Score Report</h2>			

* Category-level information indicates the number of test questions answered correctly for relatively small subsets of the questions. Because they are based on small numbers of questions, category scores are less reliable than the official scaled scores, which are based on the full set of questions. Furthermore, the questions in a category may vary in difficulty from one test form to another. Therefore, the category scores of individuals who have taken different forms of the test are not necessarily comparable. For these reasons, category scores should not be considered a precise reflection of a candidate's level of knowledge in that category and ETS recommends that category information not be used to inform any decisions affecting candidates without careful consideration of such inherent lack of precision.

** The range of scores earned by the middle 50% of a group of examinees who took this form of the test at the most recent national administration or other comparable time period. N/C means that this range was not computed because fewer than 30 examinees took this form of the test or because there were fewer than 8 questions in the category or, for a constructed-response module, fewer than 8 points to be awarded by the raters. N/A indicates that this test section was not taken and, therefore, the information is not applicable.



Principal Activity Review for Terry Teacher

11/14/2012 @ 02:14 AM

Principal signs-off on each activity goal

Core Content Area & Grade Span

Displays what the teacher has identified as their core content area and grade span

I. Employee ID:

01010101

Name:

Terry Teacher

Select Core Content Area:

Middle School Social Studies

Grade Span:

7-12

What route will you take to become highly qualified?:

Praxis II Subject Assessment

Planned Activities for August through October:

Contacted WTTAB for requirements to "add a field". Must meet criteria for satisfactory years of experience in new 7-12 grade span and pass praxis 0089. Also, submit ethics PDP.

Planned Activities for November through January:

Attend 7-12 praxis 0089 workshop 10/23 to 10/25 at western district office to prepare for exam. Take praxis 12/17. praxis 0089.

Planned Activities for February through April:

Will make Math praxis exam 0081 in April, 2013 if not passed.

Planned Activities for May through July:

Will make math praxis exam 0081 in May, 2013 if not passed. Upon passing praxis 0081 and meeting satisfactory years of experience, submit exam report and notification form to WTTAB to request license.

Approximate Total Cost of Activities:

\$140

How will the above activities, taken together, result in earning the HQ designation?:

Satisfactory years of experience and passing praxis 0089 will allow me to be licensed and HQ in Social Studies for

grades 7-12

Identify resources to be provided by school or complex area to support the plan.:

Complex will reimburse for passing II praxis test

By submitting this plan, I agree to carry out the activities as described herein and I agree to retain copies of all documentation related to HQ designation for future reference by the Hawaii Department of Education. I understand that misrepresentation or falsification of information supplied on this form may result in sanctions including disciplinary action up to and including termination from employment:

I agree

Principal Certification

1. By approving this plan, I certify I have reviewed and approved the Plan, activities, requested funding contained within and will monitor progress. I agree to retain all documentation related to HQ designation, including a copy of the approved PDP in the teacher's school-based personnel file for review during periodic Title II monitoring.:

I agree

Amount Allocated (Enter an amount \$0 or greater):

\$140

Save Instructions:

In order to save and complete the plan, click on Save (Below) AND click on Accept (under No Signature). Once complete, the button on the Manage Plans screen (prior screen) will be green (Complete). If you missed a step the status will remain blue, "In Progress".

Signatures

Patty Principal on 10/26/2011 3:52 PM Accepted



Terry Teacher
 1234 School St
 Mililani, Hi 96789

Transaction Details

Trans. Date	Post Date	Description	Amount	Category
02/07/12	02/07/12	ETS*PRAXIS REGISTRATIO 800-772-9476 NJ C8776416	\$ 140.00	Education

General Transaction Information

Original Network Post Date	02/08/2012
Original Network Trans Date	02/07/2012
Approval Code	00759R
Merchant Name	ETS*PRAXIS REGISTRATIO
Merchant City Name	800-772-9476
Partial Shipment Indicator	N
Merchant Category Description	SCHOOLS/EDUC SVCS NOT CLASSIFIED
Board Industry Description	UTILITIES, GOVERNMENT & EDUCATION
POS Mode Description	ONLINE
Recurring Billing Indicator	N
Authorized Merchant Name	ETS*PRAXIS SERVICES
Authorized Merchant Street	ROSEDALE RD MAILSTOP 5
Authorized Merchant State Code	NJ
Authorized Merchant Zip Code	08541

Sample Proof of Payment

SAMPLE LETTER FOR TEACHERS WHOSE PAYMENT FOR EXAM WAS MADE BY
SOMEONE ELSE

Date: _____

To: Vendor Payment Section, Accounting Services Branch
Office of Fiscal Services
State of Hawaii Department of Education

From: (Teacher Name)
(Teacher's School)

Subject: Receipt for PRAXIS II Examination

This letter is to verify that the fee for the PRAXIS II Examination for which I am
now requesting reimbursement was paid by _____,
whose name is shown on the attached receipt.

Request for Reimbursement for PRAXIS Exam

The State of Hawaii Department of Education is committed to assisting core subject area teachers in meeting the criteria of Highly Qualified Teacher under the No Child Left Behind Act. Reimbursement will be based on employee's compliance with the conditions stated below:

- Must be currently teaching in a core subject area (elementary education, mathematics, English/language arts/reading, science, foreign language, civics, history, economics, art, geography, or special education) at a DOE school.
- DOE will only reimburse a teacher for PRAXIS exam fees after the teacher achieves a passing score.
- Teacher must submit all original receipts for payment of tests, and of PRAXIS Examinee Score Reports. Only PRAXIS I and PRAXIS II exam(s) associated with HQ areas will be reimbursed.

Please Type or Print

Employment Information			
Full Legal Name of Applicant: Terry Teacher	Employee ID:	01010101	
	Phone Number:	(888) 555 - 5555	
Mailing Address (street or P.O. box, city, state, zip) 1234 School St. Mililani, HI 96789	Current School:	Aloha School	
	Core Subject Area for which seeking HQ:	Middle school social studies	
	Current School Administrator:	Patty Principal	
<p>Applicant – Please Read and Sign</p> <p>My signature indicates that I have not received payment or reimbursement by any other program or source for any or all of the below examinations taken, and agree to the conditions stated above for financial assistance for educational advancement.</p> <p style="text-align: right;">Applicant's Signature: _____ <i>Terry Teacher</i> _____</p>			
Test Information			
PRAXIS Exam to be Reimbursed (attach copies of Examinee Score Report and PASSED/NOT PASSED)			
Subject Exam Name	Code	Score	Exam Date
Middle School Social Studies	0089	180	03/10/2012
<p>These exams are part of the teacher's Professional Development Plan.</p> <p style="text-align: right;">School HQ Coordinator Signature: _____</p>			

For Complex Area Office Use Only	
Employment Assignment Verified	_____
Appropriateness of Testing Verified	_____
Approved by	_____
Total Amount of Testing Reimbursement	\$ _____
Receipt Number	_____

STATE OF HAWAII
DEPARTMENT OF EDUCATION
DIRECT PAYMENT/INVOICE FORM

C H A R G E T O
 School/Unit _____
 D/O _____ Batch Org _____
 Address _____
 City _____ State _____ Zip _____

I N V O I C E
 Invoice No. REIMBURSE
 Invoice Date 05/01/2013
 (Vendor's) Acct. No. PRAXIS
 Receive Date 05/01/2013
 Approval No. _____

P A Y T O
 Vendor No. _____ Suffix _____
 Vendor Name Terry Teacher
 Address 1234 School St.
 City Mililani State HI Zip 96789
 Country _____

Check Routing:
 Mail to Vendor
 Return to Preparer
 Approval to Pay:
 Regular Payment
 Invoice with Check
 Mileage/Travel

LINE	QTY	U/M	COMMODITY ID	DESCRIPTION	UNIT COST	TOTAL
001	1.00	EA	7216	CORE AREA: <u>Middle School Social Studies</u>	140.00	140.00
002				PASSING GRADE: <u>X</u> YES <u>NO</u>		
003						
004	1.00	EA	7216	CORE AREA: _____		
005				PASSING GRADE: _____ YES <u>NO</u>		
006						

Subtotal	140.00
Tax	
Freight/Other	
TOTAL	140.00

ACCOUNTING INFORMATION

SFX	ORG ID.	PROG. ID	BFY	D/O	Object	Dtl	Grant	FY	Project	FY	AMOUNT
01		20696			7216						
02											
03											
04											
05											
06											
Accounting Total											

I certify the above may be paid in full.

 AUTHORIZED SIGNATURE DATE

Prepared By _____ Date _____
 Posted By _____ Date _____
 Payment No. _____ ATP No. _____

PRAXIS Reimbursement Teacher's Checklist

REQUIRED DOCUMENTS

Name: Terry Teacher _____ School: Aloha School _____

#	Item	Reason
Employment information/verification		
1	Form 5 State of Hawaii Department of Education Notification of Personnel Action (copy)	Contains information needed to establish your name as a Vendor in the Financial Management System and verifies you are employed with HIDOE
Test documents		
2	PRAXIS Order Details	Shows your name, dates, testing code number, and costs of test
3	PRAXIS Examinee Score Report This might be multiple pages, all pages are required.	Shows that you passed the test code(s) for which you are requesting reimbursement
4	Teacher's HQ plan (printed from PDE3)	Shows the Core areas required
Payment verification		
5	Proof of payment (cancelled check, credit or debit card statement) with your name printed on it	Shows that you paid for the test
5a	IF SOMEONE ELSE PAID FOR YOU: Letter from you stating that another person's name is on the cancelled check, credit or debit card statement because they paid for the cost on your behalf (state their name)	Verification that the proof of payment applies to your reimbursement request
Request forms		
6	Request for Reimbursement for PRAXIS Exam, available for download at Teacher Quality, in the Quick Links/Forms section.	Verifies you have not already been reimbursed, and lists the exams for which you are requesting reimbursement
7	Form FMS-PY1 Direct Payment/Invoice Form, completed as shown on the sample, with Principal's original signature Instructions for downloading and completing the form (a fillable Adobe document) are attached	Request authorization of payment by the Complex Area Superintendent, and provide accounting codes for funds to be used for reimbursement
8	Copy of this checklist, available for download at Teacher Quality, in the Quick Links/Forms section.	Shows you have checked that all documents were provided