



HQ PROFESSIONAL DEVELOPMENT PLAN FOR NON-LICENSED TEACHERS

This form is designed for non-licensed teachers to document their professional development goals, mentor support, and progress toward Hawaii State Teacher Licensure requirements.

** Indicates required field*

Employee Information

Last Name *

First Name *

Employee ID Number *

School *

Email Address *

Initial Date of Hire with HDOE as a Teacher *

(Example: January 7, 2019)

How many years have you been teaching with the Hawaii Department of Education as a Non-Licensed Teacher? *

- ☐ This is my first year (Year 1)
- ☐ Year 2
- ☐ Year 3
- ☐ Year 4
- ☐ Year 5

SATEP & Licensure Progress

Have you completed a State Approved Teacher Education Program (SATEP)? *

- ☐ Yes
- ☐ No

If you answered "Yes" that you have completed a SATEP, what is your status of obtaining a Hawaii State Teacher License? *

- ☐ I submitted an application to the Hawaii Teacher Standards Board (HTSB) and am waiting on my license
- ☐ I have not yet applied, but am in the process of applying.
- ☐ I have not yet applied, because I have additional requirements to complete.
- ☐ This question does not apply to me; I have not completed my SATEP

If you have not completed a SATEP, have you enrolled in a SATEP? *

- ☐ Yes
- ☐ No
- ☐ This question does not apply; I am SATEP complete

If you have enrolled, please identify the institution you are enrolled in *

If you have not enrolled in a SATEP, do you need assistance in selecting a SATEP? *

- ☐ Yes
- ☐ No
- ☐ This question does not apply; I am SATEP complete or am currently enrolled in a SATEP.

Professional Development Action Plan for SY2026-2027

Detail the specific activities you plan to complete for SY2026-2027 toward achieving Hawaii state teacher licensure.

Semester & Timeframe	Planned Activities & Milestones *
Semester 1 (August - December)	
Semester 2 (January - May)	
Summer (June - July)	

Identify resources you need to complete your plan for this school year? *

Will you be licensed by the end of this school year? *

- ☐ Yes
- ☐ No

If you will not be licensed by the end of this school year, please explain why. *

Mentorship

Mentorship Status *

- ☐ I have been assigned a school-level mentor.
- ☐ I am currently waiting for a mentor assignment.
- ☐ I do not know what a mentor is

Understanding Licensure Requirements

Indicate your level of confidence in navigating the state licensure requirements *

1 I am confused and need help understanding the requirements.	2 I have a basic understanding and would appreciate clarification.	3 I have a general understanding but have specific questions.	4 I fully understand the requirements and can navigate them independently.
☐	☐	☐	☐

Follow-Up

Date of planned follow-up meeting with administrator (Example: January 7, 2019)

Educator Agreement *

I agree to carry out the activities described in this plan. I will retain copies of all documentation regarding my progress and submit evidence of completed items to the Educator Quality Section by the end of the current school year or upon completion. I also agree to continue working toward obtaining Hawaii Teacher Licensure while employed as a Non-Licensed Teacher.

☐ I agree

Signature: _____

Date: _____

Submission Instructions:

1. Please submit a signed HQ PDP for Non-Licensed Teacher to the Educator Quality Section.
2. Upon completion of the items indicated in this plan, please submit copies of the completion documentation to the Educator Quality Section.

Items may be sent by **Mail:** P.O. Box 2360, Honolulu, HI 96804 or via **HIDOE Courier:** OTM, Educator Quality Section or

Email: hqt@k12.hi.us