



STATE OF ALABAMA
DEPARTMENT OF EDUCATION



Eric G. Mackey, Ed.D.
 State Superintendent of Education

August 10, 2021

MEMORANDUM

TO: City and County Superintendents of Education

FROM: Eric G. Mackey *EGM*
 State Superintendent of Education

SUBJECT: Teacher Excellence and Accountability for Mathematics and Science (TEAMS)
 Credentials Review and Funding Request Forms

Thank you for your continued assistance regarding implementation of the *TEAMS Act*! Each local education agency (LEA) is required to submit an LEA TEAMS Credentials Review and Funding Request Form for all teachers on a TEAMS contract. A single transmittal form listing all TEAMS teachers must accompany the funding request with a copy of the signed contract and supporting documents (advanced credential, etc.) for each teacher. All of this information must be forwarded in one email to TEAMSFunding@alsde.edu. Submission of information will be required each year an individual is working under a TEAMS contract. Since this is a new program, this year the forms are being manually processed by our staff, but we hope to automate this process in the future.

By completing this form, the LEA has determined the individual holds the required valid certificate, is teaching approved courses full-time, is in-field based on their required valid certificate, and otherwise meets all TEAMS requirements. The LEA understands the information being provided will be subject to verification by the Alabama State Department of Education (ALSDE). If the LEA is found to be out of compliance, the LEA may not receive an appropriation from the TEAMS fund or may be subject to repayment of funds.

For any modification needed (mid-year hire, receipt of higher degree, teacher resignation/retirement, etc.) after initial submission and throughout the contract year, it is the LEA's responsibility to notify the ALSDE by emailing TEAMSFunding@alsde.edu.

Approval and additional funding information will be provided to the LEA from the ALSDE, Division of Administrative and Financial Services.

The LEA TEAMS Credentials Review and Funding Request Form may be accessed by clicking [here](#). The form is fillable and must be signed by the local superintendent and submitted by an authorized individual from the LEA.

Questions regarding TEAMS should continue to be emailed to TEAMS@alsde.edu.

EGM/AC/LE

cc: City and County Chief School Financial Officers
 Mr. Barry Kachelhofer

FY21-3037

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LEA TEAMS Credentials Review and Funding Request Form

Each LEA is required to submit this LEA TEAMS Request Form for all teachers on a TEAMS contract. The LEA TEAMS Request Form can only be submitted by the employing county/city superintendent.

A single transmittal form listing all TEAMS teachers must accompany this form along with a copy of the signed contract and supporting documents (advanced credential, etc.) for each teacher. All information must be forwarded in one email to TEAMSFunding@alsde.edu. Submission of information will be required each year an individual is working under a TEAMS contract.

By completing this form, the LEA has determined the individual holds the required valid certificate, is teaching approved courses full-time, is in-field based on their required valid certificate, and otherwise meets all TEAMS requirements.

The LEA understands the information being provided will be verified and random checks will be conducted. If the LEA is found to be out of compliance, the LEA may not receive an appropriation from the TEAMS fund or may be subject to repayment of funds.

For any modification needed (mid-year hire, receipt of higher degree, teacher resignation/retirement, etc.) after initial submission and throughout the contract year, it is the LEA's responsibility to notify the ALSDE by emailing TEAMSFunding@alsde.edu.

Approval and additional funding information will be provided to the LEA from the ALSDE Administrative and Financial Services.

Local Education Agency: _____

Signature of Superintendent

Date

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix
ALSDE ID			Last 4 Digits of SSN		

Highest Degree
According to TEACH, this individual's highest degree that has been recognized by the ALSDE for advanced pay is at the:
<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Sixth/Year or Education Specialist <input type="checkbox"/> Doctoral

Public School Experience at the Beginning of Contract Year	
This individual has public-school experience which has been officially verified by this LEA as follows:	
Experience	Number of Months
Certified experience in this LEA	
Certified experience in another Alabama LEA	
Certified experience in another public school system	

First	Last

Advanced/Preliminary Contract	
For the _____ - _____ scholastic year, this individual has signed a(n):	
<input type="checkbox"/> Preliminary Contract (<i>copy attached</i>) and the LEA will monitor to ensure that adequate progress is being made as outlined in the contract to earn the appropriate advanced credential. This is year <input type="checkbox"/> One <input type="checkbox"/> Two or <input type="checkbox"/> Three on a Preliminary Contract for this individual.	<input type="checkbox"/> Advanced Contract (<i>copy attached</i>) and attached is the valid : <input type="checkbox"/> NBPTS Certificate: Early Adolescence Mathematics <input type="checkbox"/> NBPTS Certificate: Early Adolescence Science <input type="checkbox"/> NBPTS Certificate: Adolescence and Young Adulthood Mathematics <input type="checkbox"/> NBPTS Certificate: Adolescence and Young Adulthood Science <input type="checkbox"/> National Institute for STEM Education Certificate
Contract Start Date:	Contract End Date:

All Schools Teaching at and FTE at Each		
Name of School	FTE	Hard to Staff School
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

The full schedule for the school year (including lunch, planning, etc.) must be provided. If a waiver was approved for the individual for any course(s) not on the ALSDE's approved listing, a copy of that waiver must be submitted. A copy of the **official** schedule may be submitted in lieu of completing the charts below if all required information is included.

Semester 1 Schedule					
Period/Block	Estimated Number of Students	ALSDE Course Number	Course Name	Appropriate Valid Certificate Held	For ALSDE Use
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	

Semester 2 Schedule					
Period/Block	Estimated Number of Students	ALSDE Course Number	Course Name	Appropriate Valid Certificate Held	For ALSDE Use
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	

First	Last

Question	Response
Is this teacher new to education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the teacher's previous occupation?	
Did this teacher already hold the appropriate certificate(s) before qualifying for the TEAMS contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, how did they earn the certificate(s)?	<input type="checkbox"/> Additional Teaching Field (Certification by Test) <input type="checkbox"/> Certificate Reciprocity <input type="checkbox"/> Conditional Certificate (Teachers of Tomorrow) <input type="checkbox"/> National Board for Professional Teaching Standards <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> State-Approved Program at an Alabama College/University <input type="checkbox"/> Other
Is this teacher a recent graduate of a teacher preparation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, from what college/university?	
If yes, did TEAMS play a role in their decision to teach math or science?	
Were you able to retain this teacher who would have otherwise retired prior to the TEAMS program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did this teacher previously teach out of state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in which state?	



Transmittal for LEA TEAMS Credentials Review and Funding Requests

I, _____ am authorized by the superintendent of _____
(Name) *(LEA)*

to submit the following LEA TEAMS Request Forms, contracts, and supporting documents for the individuals listed below. Email complete packets to TEAMSFunding@alsde.edu.

Signature

Date

Name	For ALSDE Use