

Temporary Classroom Assignment Permit (TCAP)

The employing School District must maintain this form in the applicants personnel file.

Office of Educator Certification



Last Name	First Name	Initial
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TEA ID Number

Description of Class Schedule for School Year

Class Period	Subject/Assignment	Certified Yes	Certified No

Permit Assignment Data

Number of Classes Taught	Description of Assignment	Grades Taught Low	Grades Taught High	Semester Hours Completed in Subject Taught	Meets Permit Requirements

Certified individual is registered for the next administration of the appropriate exam(s)

Applicant's Affidavit

**"I accept this assignment and consent to the activation of this temporary classroom assignment permit."
 "I verify that I meet all permit requirements for this assignment."
 "I have been advised and understand that this permit is valid for the current school year and is not renewable."**

Applicant's Signature	Date
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Superintendent's Affidavit

"I have been unable to secure the service of an individual certified/qualified for the assignment indicated above. The individual named above is the best qualified teacher available for this assignment. I have discussed this assignment with the teacher and have secured the teacher's consent to activate this TCAP. I have explained and placed in writing to the teacher that this permit is not renewable. All qualifications of the applicant and statements made on this application are true and correct to the best of my knowledge."

Signature of Superintendent or Authorized Representative	Date
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