

School District Teaching Permit



Section A - Type of School District Teaching Permit (Texas Education Code 21.055)

Important Note: Entities listed as Districts of Innovation (DOI) on the TEA website with an approved plan that exempts them from certification requirements specific to assignments for which this form is being completed should not request an other than noncore school district teaching permit.

School district teaching permits issued for any teaching assignment other than "noncore academic career and technical education (CTE)" are subject to approval by the commissioner of education.

A "noncore academic CTE course" is a CTE course that is not eligible to satisfy foundation graduation course credit in mathematics, science, language arts, or social studies.

Subject or Course the Person Will Teach	Grade Level Range

Section B - District Information

District Name	County/District Number
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Section C - Candidate Information

Last Name	First Name	Middle Initial	Maiden Name (if applicable)
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TEA ID	Driver License Number	DL State	Date of Birth	Gender	Ethnicity/Race
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Has this person ever been issued a teaching certificate or permit? Yes No

Has this person been unable to pass a required teacher certification exam(s)? Yes No

Has this person had educator credentials sanctioned or had an application for educator credentials denied? Yes No

How is this candidate qualified to teach the subject/course (i.e. relevant work experience, formal training, education and/or professional license)?

Section D -Affidavit

As certified to the school district board of trustees, the qualifications of this candidate to teach the the assigned subject have been verified and the candidate has been subject to the national criminal history background based on fingerprinting in compliance with the Texas Education Code, Chapter 22, Subchapter C, Sec. 22.0833 for a non-certified employee. The district shall retain all records relating to the candidate's qualifications and issuance of this SDTP for five years after the last day of employment with the district. These records may include documentation of occupational experience, professional license, certificate, and/or course credit related to the teaching subject assignment from an accredited university or college.

Name of Superintendent/Designee	Position Title	Date
Superintendent/Designee Signature	Superintendent/Designee E-mail	
	Superintendent/Designee Direct Phone Number	Ext.

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Section E - Education

Indicate Highest Level of Education: High School College Graduate

Name and Location of School	Dates From	Dates To	Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study

Section F - Professional License, Certificate or Registration

License/Certification (R.N., Attorney, etc)	Date Issued	Date Expires	Issuing Authority	License Number

Section G - Professional Work Experience (copy and attach additional sheets as necessary)

Position Title		Employer		
Employer's Phone Number		Immediate Supervisor Name and Title		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Summer	Average number of hours worked per week	Starting Date	Leaving Date
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temp/Project			

Responsibilities or Skilled Work Personally Performed by You.

Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

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Section G - Professional Work Experience (copy and attach additional sheets as necessary)

Position Title		Employer			
Employer's Phone Number		Immediate Supervisor Name and Title			
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Summer	Average number of hours worked per week	Starting Date	Leaving Date	
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temp/Project				

Responsibilities or Skilled Work Personally Performed by You.
 Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

Position Title		Employer			
Employer's Phone Number		Immediate Supervisor Name and Title			
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Summer	Average number of hours worked per week	Starting Date	Leaving Date	
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temp/Project				

Responsibilities or Skilled Work Personally Performed by You.
 Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

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Section H - Instructions

NOTE: This is NOT the correct application for an Emergency Permit

Please call (512) 936-8400, Option 2 to speak to a certification specialist.

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1. Complete all information.
2. Print and scan the School District Teaching Permit form with appropriate signatures.
3. Submit the completed and signed form to sdtp@tea.texas.gov (one application per email request).

Submit school district teaching permit questions by email to sdtp@tea.texas.gov. Include your name, school district and direct daytime phone number in the email.