

## UNI Assurance Plan

We request that the University of Northern Iowa initiate a plan of action under the University's *Early Years of Teaching Assurance Program*.

_____	_____	_____
School district	District address	Date
_____	_____	_____
Name of Superintendent/Principal	Name of Teacher	Telephone
_____	_____	_____
Teaching Endorsement[s]	Brief description of difficulties being encountered [use additional sheet if necessary]	FAX
_____	_____	_____
_____	_____	_____
_____	_____	_____
Signature of Superintendent/Principal	Signature of Teacher	UNI Grad. Date

send to: Director of Teacher Education, UNI, SEC 159A, Cedar Falls, Iowa 50614-0602 or  
submit electronically by accessing the COE Home Page at [www.uni.edu/coe](http://www.uni.edu/coe)