

STANDARD CONTINUING EDUCATION/RELICENSURE CLOCK HOUR APPROVAL

Course Title _____

Date of Experience: _____ Year License Expires _____

Area(s) of Licensure held _____

Name _____ School _____

Address _____ Telephone _____

Lic/File Number _____

Check appropriate category for this experience and indicate hours earned:

A. Credits Earned: Quarter (1 = 16) _____ Semester (1 = 24) _____

B. C. D. Hours of Participation _____

E. F. G. H. I. Hours of Participation _____

Attach Appropriate Certificate to the back of this form.

NOTE: Verification Signature is needed **ONLY** if forms have NOT been provided

(Verification Signature)

State what you gained by participating in this experience. Incomplete forms will be returned.

This activity addressed Mental Health.

This activity addressed reading strategies.

This activity addressed positive behavioral intervention strategies.

This activity addressed modification, accommodation, or adaptation of curriculum, instruction, or materials for students with special needs as they work toward achieving graduation standards.

This activity addressed use of technology in the classroom

This activity addressed working with ELL students

Reflective statement

FOR USE BY LOCAL COMMITTEE

_____ Approved

_____ Not Approved Reason: _____

Committee Member Initials or Signature _____