

CLOCK HOUR APPROVAL APPLICATION FORM

This form is to be submitted with each request for clock hours to the local continuing education committee according to rules established by the local committee.

Name:	
Address & Telephone #:	
E-mail:	
License Number:	
Expiration Date:	
License Expiration Date:	
Date & Signature:	

CHECK ONE REQUEST FOR:

- Preapproval of clock hours subject to actual completion.
- Final approval of clock hours for professional activity completed.

CHECK ONE ACTIVITY CATEGORY AND ENTER NUMBER OF HOURS:	CHECK ACTIVITY/ACTIVITIES ADDRESSED:
<p>Number or Clock Hours Requested: _____</p> <p>Category</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Relevant Course Work <input type="checkbox"/> B. Educational Workshops, Conferences, Institutes, or Lecture <input type="checkbox"/> C. Staff Development Activities, In-service Meetings, and Courses <input type="checkbox"/> D. Site, District, Regional, State, National, or International Curriculum Development <input type="checkbox"/> E. Engagement in Formal Peer Coaching or Mentorship Relationships With Colleagues <input type="checkbox"/> F. Professional Service <input type="checkbox"/> G. Leadership Experiences <input type="checkbox"/> H. Opportunities to Enhance Knowledge and Understanding of Diverse Educational Settings <input type="checkbox"/> I. Preapproved Travel or Work Experiences 	<p>This Activity Addresses:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Positive Behavior Intervention Strategies. <input type="checkbox"/> Accommodation, Modification, Adaptation of curriculum, materials, etc. for Standards. <input type="checkbox"/> Further Reading Preparation (For Exemptions: See page 4 in District Bylaws.) <input type="checkbox"/> Key Warning Signs of Early-Onset Mental Illness in Children and Adolescents. <input type="checkbox"/> Integration of Technology with student learning to increase engagement and achievement. <input type="checkbox"/> Reflective Statement of Professional Accomplishment and Assessment of Professional Growth. <u>MAKE AND TURN IN TWO COPIES.</u>

DESCRIPTION OF THIS EXPERIENCE:

Name of Experience:	
Date of Experience:	
Description of the Experience:	

LOCAL COMMITTEE ACTION:

_____ Approved for _____ Clock Hours	
_____ Not Approved. Reason: _____	
Committee Signature: _____	Date: _____

