

**INDEPENDENT SCHOOL DISTRICT #381  
Lake Superior Schools  
Clock Hour Application Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

I request approval of clock hours for the following activity category (check one):

- A. \_\_\_\_\_ Relevant Course Work
- B. \_\_\_\_\_ Educational Workshops, Conferences, Institutes, or Lectures
- C. \_\_\_\_\_ Staff Development Activities, In-service Meetings, and Courses
- D. \_\_\_\_\_ Site, District, Regional, State, National, or International Curriculum

Development

- E. \_\_\_\_\_ Engagement in Formal Peer Coaching or Mentorship Relationships with

Colleagues

- F. \_\_\_\_\_ Professional Service
- G. \_\_\_\_\_ Leadership Experiences
- H. \_\_\_\_\_ Opportunities to Enhance Knowledge and Understanding or Diverse

Educational Settings

- I. \_\_\_\_\_ Pre-approved Travel or Work Experience

Request For:

- \_\_\_\_\_ Pre-Approval of Clock Hours subject to actual completion
- \_\_\_\_\_ Final Approval of Clock Hours for professional activity completed
- \_\_\_\_\_ 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 addresses comprehensive scientifically based reading instruction
- \_\_\_\_\_ This activity addresses mental illness awareness and key warning signs

Date Completed \_\_\_\_\_ # of hours attended \_\_\_\_\_ # of hours requested \_\_\_\_\_

Describe Activity in Reasonable Detail:

Note: ALL CATEGORIES REQUIRE VERIFICATION (attach verification or obtain signature from presenter.)

Verification Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No or

\_\_\_\_\_

Presenter's Signature

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FOR COMMITTEE USE ONLY

\_\_\_\_\_ Approved for \_\_\_\_\_ # of Clock Hours

\_\_\_\_\_ Not approved because:

Date: \_\_\_\_\_ Committee Signature: \_\_\_\_\_