Continuing Education APPROVAL FORM **

Attach original clock hour sheets **AND** fliers for all activities to this sheet. In case of college credit, attach copy of grade report. **IF** clock hours meet one of the required state mandates as **defined*** below, please circle which one that it meets. **IF** hours do not meet a mandate fill out form as usual.

Standard	**Name of Activity**	**# of hours**
_____	_____	_____
	1 2 3 4 5 6 7	
_____	_____	_____
	1 2 3 4 5 6 7	
_____	_____	_____
	1 2 3 4 5 6 7	
_____	_____	_____
	1 2 3 4 5 6 7	

Number of Clock Hours _____

_____ _____

Date Signature of Teacher

*** State Mandates:**

1. Positive Behavioral Intervention Strategies
2. Reading Preparation Training
3. Identifying Mental Health Issues with Students
4. Suicide Prevention Training
5. Self –assessment/reflections on Professional Growth (This is the reflection turned into Continuing Ed. committee once every 5 years-not reflections for Teacher Evaluation Model turned into Staff Development committee)
6. Meeting Needs of English Language Learners (**specific reflection requirements.)**
7. Cultural Competency (Starting for renewals in 2020)

** This form must be used for **prior approval** for **travel** and **field trips** (both of which must be germane to your field of license and do not duplicate other granted clock hour experiences without new or enhanced professional development). On the backside describe activity in reasonable detail. In request for travel approval, effort must be made to justify educational value to the district.

Action of Local Committee: _____ **Approved** _____ **Not Approved**

_____ _____

Date **Chair Signature**