CONTINUING EDUCATION CLOCK HOUR APPROVAL APPLICATION

NAME:										_
ADDRESS:										-
	ELD:									-
	XPIRATION DATE:									-
	R NUMBER FROM YOUR CURRENT LICENSE									-
	T SIGNATURE:			DAT	E: _					
Attach do one. <u>For each li</u> <u>95 hours m</u> State mand meets the re one of the fo 1. Posi 2. Rea	all completed activities under the appropriate categories. cumentation for all hours claimed in the order they appearances you hold, the state requires 30 hours of related continust be in areas A-D (PLC hours from the District should be addressed at least one time the following areas be addressed at least one time quirement, please check the appropriate box. Each training/llowing areas. Each area requires a minimum of one hour training Preparation liftication, Accommodation, or Adaptation of curriculum, instru	r on this form. Monimized in Categorial in C	<u>n</u> . ory <u>E</u> e yed t you omer	<u>).</u> ar cy atte	cle. nd c	If an	ac: only	livit add	y dres	s
5. Tecl 6. Refi implement th 7. ELL 8. Suid	ective Statement (worth 1 clock hour) Please attach to this for se new learning in your classroom and needs to be 5-7 senten cide Prevention	rm. Summary sho aces in length.		ddre	ess he	ow y	ou p	olan	to	
A. RELEVAN	TCOURSEWORK (1 quarter credit=16 clock hours 1 semester c ACTIVITY	redit=24 clock hou HOURS	rs) 1	2	3	4	5	6	7	8
DATE	ACIIVIII	HOURS	1		3	4	3	0	/	0
TOTAL HOL	RS				1		l			
B. WORKSH	OPS, CONFERENCES, INSTITUTES, SEMINARS, OR LECTURES	I								
DATE	ACTIVITY	HOURS	1	2	3	4	5	6	7	8
TOTAL HOU	RS									
		_								
DATE	VELOPMENT ACTIVITIES, INSERVICE MEETINGS, AND COURSE ACTIVITY	HOURS	1	2	3	4	5	6	7	8
DAIL	ACIIVIII	TIOOKS	<u> </u>		5	4	3	0	/	0
TOTAL HOL	2S			<u> </u>			<u> </u>			<u> </u>

DATE	ISTRICT, REGIONAL, STATE, NATIONAL, OR INTERNATIONAL ACTIVITY	HOURS	1	2	3	4	7	
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)								
	80 hours are allowed in categories E-l						le	•
DATE	ACTIVITY	HOURS	O	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.00			
OTAL H	OURS							
LOCK HC	SSIONAL SERVICE (1. Supervision of clinical experiences 1 qua DURS IN 5 YEARS; 2. Participation on national, state, and local ca al standards; 3. participation in national, regional or state accre	ommittees involve						
DATE	ACTIVITY	HOURS						
· · · · · · · · · · · · · · · · · · ·								
TOTAL H	OURS							
	RSHIP EXPERIENCES (1. Development of new or broader skills tion of professional articles 3. Volunteer work in professional or							
DATE	ACTIVITY	HOURS	1	2	3	4	7	8
		HOURS	1	2	3	4	7	8
		HOURS	1	2	3	4	7	8
(1. Experie or industry)	RTUNITIES TO ENHANCE KNOWLEDGE AND UNDERSTANDING ence with students of another age, ability, culture or socioecono	G OF DIVERSE E		ATION	N SE	ITIN		3
TOTAL F OPPOI 1. Experier industry) DATE	RTUNITIES TO ENHANCE KNOWLEDGE AND UNDERSTANDING ence with students of another age, ability, culture or socioecono ACTIVITY	G OF DIVERSE E		ATION	N SE	ITIN		3
TOTAL F OPPOI 1. Experie r industry) DATE	RTUNITIES TO ENHANCE KNOWLEDGE AND UNDERSTANDING ence with students of another age, ability, culture or socioecono ACTIVITY	G OF DIVERSE E		ATION	N SE	ITIN		3
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TOTAL H OPPOI 1. Experier industry) DATE TOTAL H PREAPP LOCK HO DATE	RTUNITIES TO ENHANCE KNOWLEDGE AND UNDERSTANDING ence with students of another age, ability, culture or socioecono ACTIVITY OURS PROVED TRAVEL OR WORK EXPERIENCE (1. One week of preburs IN 5 YEARS; 2. Work experience in business or industry approach ACTIVITY	G OF DIVERSE E	=10 c	ATION on du	N SE	TTIN Visit	ts to	s sch
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DATE_

COMMITTEE SIGNATURE: