

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.

Name of Activity # of hours

1 2 3 4 5 6

1 2 3 4 5 6

1 2 3 4 5 6

1 2 3 4 5 6

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. Meeting Needs of English Language Learners (specific refection requirements.)
6. Cultural Competency

This form must be used for **prior approval for travel and field trips (both of which must be germane to your filed of license and do not duplicate other granted clock hour experiences without new or enhanced professional development). On backside describe activity in reasonable detail. If 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