

Renewal Computation Sheet

Last Name	First Name	M.I.	Grade Level Employed
Social Security # (Last 4)	SC Licensure # (Required)	Highest Degree	

OPTION/DESCRIPTION/MAXIMUM POINTS

Course No/Title	Ending Date	Administrator's Preapproval (if required)	Earned Credits
Option 1: College Credit (120)			
Course No/Title College			
Course No/Title College			
Option 2: SCDE Renewal Course (120)			
Course No/Title Location			
Course No/Title Location			
Course No/Title Location			
Course No/Title Location			
Course No/Title Location			
Option 3: SCDE Approved CEU Credit (120)			
Activity Location			
Activity Location			
Option 4: Publications (60)			
Title Location			
Title Location			

Type			
Option 9: Educational Project, Collaboration, Grant, or Research (60)			
Type of Project, Collaboration, Grant or Research			
Type of Project, Collaboration, Grant or Research			
Type of Project, Collaboration, Grant or Research			
Option 10: Professional Development Activity (60)			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Option 11: Professional Development Activity (60)			
Title			
Title			
Total Renewal Credits Earned>>			
<p>By signing below, both the principal and the educator verify the following requirements have been met.</p> <p>_____ The renewal credit listed on this computation sheet has been reviewed and accepted under the SCDE Renewal Credit Plan toward this educator's professional license renewal. The educator has attached the verification for each of these activities to this form.</p>			

_____ The teacher has received the results of his/her evaluation and SLO judgement.

Evaluation Met _____ Not Met _____ SLO Rating (1-4) _____

_____ The Jason Flatt Act requirement has been satisfied by this educator, if applicable. Date completed _____

_____ I verify that the teacher has demonstrated technology proficiency by satisfying all of the requirements as outlined on the Technology Proficiency Requirements form (see attached)

Teacher Signature _____

Date _____

Principal _____

Date _____

Technology Proficiency Requirements

Name _____ Date _____

Criteria for measuring technology proficiency will be listed and updated annually as an attachment to the recertification form.

Every five years when a teacher renews his/her teaching certificate, he/she must meet at this requirement by completing a minimum of one of the following requirements below to demonstrate proficiency. Please indicate which component was demonstrated by checking the appropriate option.

- Maintain a teacher created website
- Google classroom implementation
- Read to Succeed online course completion (or other online course)
- Information Security training participation
- Other technology staff development participation
- Demonstrate technology integrated lesson
- Use of online lesson planner
- myViewboard interactive panel training