

EAST GRAND PUBLIC SCHOOLS ISD 595
REQUEST FOR CLOCK HOUR APPROVAL FOR CONTINUING EDUCATION/RE-LICENSURE

Name		Address	
File Folder #		School	
Expiration Date		Position	
Clock Hours		Category (A-F)	

Title of Course/Activity _____ Date of Activity: _____

ADDITIONAL RE-LICENSURE REQUIREMENTS

REQUIRED HOURS YES

Circle "Yes" or "No" if this course/activity meets all or part of the requirement.

- | | |
|--|---------|
| 1. Positive Behavioral Intervention Strategies (PBIS) | 1 Hour |
| 2. Suicide Prevention | 1 Hour |
| 3. Mental Illness | 1 Hour |
| 4. Reading | 1 Hour |
| 5. Accommodations, Modify, and adapting curricula, materials, and strategies | 1 Hour |
| 6. English Language Learner | 1 Hour |
| 7. Cultural Competency | 7 Hours |

Per MN Stat. 122A.187, individuals have the option of submitting their summative evaluation with an individual growth plan to the local continuing education committee in lieu of: *Cultural Competency and English Language Learner requirements*.

YES NO

Was the activity sponsored by ISD #595?

If you circled **yes and you are a current ISD #595 employee**, please disregard A, B, and C below

DESCRIBE THE ACTIVITY FOR WHICH THE CLOCK HOURS HAVE BEEN REQUESTED:

If more space is needed, please attach another sheet. **Please attach verification.**

A. Objective:

B. Description:

C. Evaluation:

Pre-Approval Request	✓	Provide a brief description of professional development, the organization providing the professional development, and a connection to your teaching assignment:
APPROVED		
DENIED		

Committee Action:	✓	Committee Denial/Explanation Corrective Action
APPROVED		
DENIED		

Signed: _____

Date: _____