

Continuing Education Clock Hours

This form is to be submitted with each request for clock hours to the local continuing education committee according to rules established by the local committee.

Name:	File Folder Number:
Address:	
Licenses Held:	
License Expiration Date:	
Applicant Signature	Date:

Activity Category: _____ **Clock Hours Requested** _____

This Activity Addressed:

	Accommodation, Modification, and Adaptation of Curriculum, Materials and Instruction
	Best Teaching Practices in Meeting the Needs of English Learners (EL)
	Key Warning Signs for Early Onset Mental Illness in Children and Adolescents (including at least one hour of suicide prevention training)
	Positive Behavioral Intervention Strategies
	Reading Preparation
	Reflective Statement of Professional Accomplishment and Assessment of Professional Growth
	Technology Integration

Description of Experience: (Only necessary if no transcript or certificate accompanies this form.)
 Include objective, amount of time engaged, and evaluation of the experience. Attach additional pages for documentation, explanation, and detail as appropriate.

Local Committee Action:

_____ Approved For _____ Clock Hours

Not Approved Because:

Date: _____ Committee Member Signature _____