**CLOCK HOUR APPROVAL APPLICATION FORM**

**INTERMEDIATE SCHOOL DISTRICT 917**

*This form is to be submitted to the District 917 Relicensure Committee according to rules established by this local committee.*

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LICENSE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL/PROGRAM**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AREA(S) OF LICENSURE:**  **EXPIRATION DATE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LICENSURE AREA(S) FOR REQUEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEARNING EXPERIENCE DESCRIPTION – MDE Submittal Information (This portion must be filled out or form will be returned):**

**TITLE OF ACTIVITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF ACTIVITY: \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME OF ACTIVITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month Date Year**

**NUMBER OF CLOCK HOURS REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF ACTIVITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Fellow Participant Verifying Attendance** (if no certificate of attendance was provided) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INDICATE THE CATEGORY OF REQUEST:**

A. College or University Credit (1 Semester Class = 24 CEUs / 1 Quarter Class = 16 CEUs)

B. Workshop, Conference, Institute (Professional Learning Communities Max = 10 hours/year)

C. Staff Development, In-service Meetings

D. Curriculum Development (Site, District, National)

E. Peer Coaching, Mentorship (Max = 30 hours/5-year period)

F. Professional Service, Clinical Experience Supervision, Accreditation Participation (Max = 30 hours/5-year period)

G. Leadership Experience (New skills, authoring articles, volunteer work in a professional organization)

H. Diversity Experience (Opportunities that enhance knowledge experience with age, ability, culture, socioeconomic, observations (Max = 10 hours/year)

I. Preapproved travel or work experience (10 clock hours/week, Max = 30 hours/5-year period)

L. ASL/Deaf Culture (30 hours required for Teachers of D/HH-ASL licensure only)

**INDICATE RELICENSURE REQUIREMENT AREAS: (Check one or more area ONLY IF the activity addresses the area)**

You only need to report one (1) experience (clock hour) in each Requirement Area for every five (5) year period.

1. Positive Behavioral Intervention Strategies (PBIS)

2. Reading Preparation (READING)

3. Accommodations, modification, adaptation of curriculum instruction or materials to meet the needs of varied students (AMACI)

4. Understanding warning signs for mental illness in children and adolescents (MENTAL HEALTH) to include:

Warning Signs for Mental Illness (1 hour) AND Suicide Prevention (1 hour)

5. Technology - Integrating with student learning to increase engagement and student achievement (TECHNOLOGY)

**Please note:**

1. Submit TWO copies of this form. Each experience must be submitted on a separate form.

2. Submit one copy of official, dated, and signed verification, or include a signature of a fellow participant in attendance above.

3. If this form is not completely filled out, it will be returned to you for completion.

4. Reflection statements for professional growth and ELL/ESL accommodations need to submitted on a separate form and can be found on district website under Staff Resources > Teacher Forms.

**Submit Two (2) Copies of Form**

**LOCAL COMMITTEE ACTION:** \_\_\_\_\_Approved For \_\_\_\_\_Clock Hours By:

\_\_\_\_\_Not Approved - Reason:

DATE CHAIR SIGNATURE

ORIGINAL – CEU FILE EMPLOYEE COPY - TO BE RETURNED AFTER APPROVAL