**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