**REFLECTIVE STATEMENT – English Language Learners (ELL)**

**INTERMEDIATE SCHOOL DISTRICT 917**

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

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| --- | --- | --- | --- |
| **NAME:**  |       | **LICENSE NUMBER:** |       |
| **SCHOOL/PROGRAM**:  |       |
| **ADDRESS**:  |       |

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

|  |  |
| --- | --- |
| **LICENSURE AREA(S) FOR REQUEST:** |       |
|  |  |
| **Number of Clock Hours Requested** |       |
| (Maximum of five can be earned in this area in a five-year relicensure period.) |
| **Date and Time of Reflection:** |       |
|  |  |
| **How has professional growth occurred for meeting the needs of English learners and how has this helped students you serve?** |       |

**CHECK WHICH OF THE FOLLOWING AREA(S) ARE ADDRESSED BY YOUR REFLECTIVE STATEMENT:**

[ ]  Support for student learning

[ ]  Use of best practices techniques and their applications to student learning

[ ]  Collaborative work with colleagues that includes examples of collegiality (i.e., attested-to committee work, collaborative staff development programs, professional learning community work)

[ ]  Continual professional development (i.e., job-embedded or other on-going formal professional learning, including coursework)

**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