

CLOCK HOUR APPROVAL APPLICATION FORM

Name _____
 (First) **(Middle)** **(Last)** **(Maiden)**

Address _____ Phone _____
 (Street) **(City)**

License Held _____

License Expiration Date _____ File Folder Number _____

REQUEST FOR:

- Pre-approval of Clock Hours subject to actual completion (i.e. travel)
- Final approval of Clock Hours for professional activity completed

ACTIVITY CATEGORY _____ (See back)

CLOCK HOURS REQUESTED _____

All of the following are required for your next certification.

- This activity addressed **positive behavioral intervention strategies.**
- This activity addressed **modification, accommodation, or adaptation of curriculum, instruction, or materials for students with varied needs.**
- This activity addressed **instruction in reading preparation.**
- This activity addressed an **understanding in the warning signs of early onset mental illness in children and adolescents.**
- This activity addressed **instruction that integrates technology effectively with student learning to increase engagement and student achievement.**

DESCRIPTION OF THE EXPERIENCE (Include **the date** of the activity, **course/in-service name, college or university**, number of **credit or clock hours**, amount of **time engaged**, and a short **evaluation** of the experience.)

Attach required documentation or signature of building principal.

Name of class or workshop/experience (required):

Date(s) of attendance (required):

LOCAL COMMITTEE ACTION: _____ Approved for _____ Clock Hours _____ Not approved because:

Date _____ Committee Signature _____

