**CLOCK HOUR APPROVAL APPLICATION FORM**

 **STANDARD AND VOCATIONAL LICENSES**

 ***This form is to be submitted to the local continuing education committee according to rules established by the local committee.***

 ***A separate form must be filled out for each experience.***

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| **NAME**  | **DATE:** | **SCHOOL DISTRICT 777** | **FILE FOLDER NUMBER:**  |
|  **Applicant**’**s Signature:**  | **TIER LEVEL*****(check your license level)***  | [ ]  **TIER 3 (75 hours required in 3 years)** | [ ]  **TIER 4 (125 hours required in 5 years)** |
| **LICENSURE AREAS FOR THIS REQUEST *(30 hours in each area of licensure is suggested)*** |
| **REQUEST FOR:** |  **Preapproval for clock hour subject to actual participation (only travel experiences need preapproval) travel** |
|  **Final approval of clock hours for the experience participated in as described below** |
|  **This experience has received preapproval (see preapproval below)** |

**Both must be filled out before final approval will be given:**

**\_\_\_\_\_ TOTAL NUMBER OF CLOCK HOURS REQUESTED (1 qtr. credit=16 clock hours; 1 sem. credit=24 clock hours)**

**\_\_\_\_\_ ACTIVITY CATEGORY (A, B, C, D, E, F, G, H, I) - See guidelines for appropriate category. At least two categories must be used in the 3 or 5-year period to complete your clock hours (Tier 3 licenses need 75 hours in a 3-year period; Tier 4 licenses need 125 hours in a 5-year period)**

**\_\_\_\_\_\_ 1) Positive behavioral intervention strategies**

**\_\_\_\_\_\_ 2) Accommodation/Modification of curriculum**

**\_\_\_\_\_\_ 3) Reading Preparation**

**\_\_\_\_\_\_ 4) Suicide Prevention**

**\_\_\_\_\_\_ 5) Mental Health**

**\_\_\_\_\_\_ 6) English Language Learner Instruction with reflection below**

**\_\_\_\_\_\_ 7) Cultural Competency Training with reflection below**

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| **Description of the Experience (Include objective, amount of time engaged, and evaluation of the experience. Transcript, certificate of completion, or some other document of proof must be attached.****\*\*\*If this is your Cultural Competency or ELL requirement, please include your reflective statement of professional growth and best practices here, OR attach another sheet.\*\*\*** |

**FOR USE BY LOCAL COMMITTEE**

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| **Preapproval** **The above experience is preapproved for \_\_\_\_\_ clock hours** **The above experience is not approved for the following reason(s):****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Committee Member)** | **Final Approval** **The above experience is approved for \_\_\_\_\_ clock hours** **The above experience is not approved for the following reason(s):****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Committee Member)** |

***Revised 5/11/20***