

2019-2020 CONTINUING EDUCATION FORM
MARSHALL PUBLIC SCHOOLS - DISTRICT #413

NAME: _____ DATE: _____ YEAR LICENSE EXPIRES: _____

BUILDING: SR.HI MS PS WS MA-TEC OTHER _____

Name & Date the Experience: _____

Place the number of **clock hours** next to the appropriate letter and attach the proper verification forms or documents. Only one experience per sheet, please! The Clock Hour Categories packet contains further explanation of each category letter. Submit two copies of this form if you would like a copy returned to you.

*One clock hour for each hour of participation

(At least 90 clock hours are required from among the following items in A-D.)

- _____ **A** Relevant Coursework (**16 clock hrs. per qtr. hr.; 24 clock hrs. per sem. hr.**)
- _____ **B** Educational Workshops
- _____ **C** Staff Development Activities
- _____ **D** Curriculum Development

*One clock hour for each hour of participation

(A maximum of 35 clock hours are allowed among the following items in E-MI.)

- _____ **E** Peer Coaching/Mentorship
- _____ **F** Professional Service
- _____ **G** Leadership Experiences
- _____ **H** Diversity Experiences
- _____ **I** Travel/Work Experience (Pre-approval is needed.)
- _____ **L** 60 ASL Hours
- _____ **3** National Board Certification Verification
- _____ **4** Local Option Exemption

*A minimum of one experience (approved by a Cont. Ed. Rep.) is needed from each of the following categories:

- _____ **R** **Reading** Preparation
- _____ **PBI** **Positive Behavioral Intervention** (strategies and accommodation, modification, and adaptation of curriculum, materials, and instruction to appropriately meet the needs of varied students....)
- _____ **MI** Understanding the key warning signs of early-onset **Mental Illness (including one hour of suicide prevention)**
- _____ **EL** **English Language Learners**
- _____ **CCT** **Cultural Competency Training**

EVALUATION: How did you benefit from this experience? (Use back of sheet if needed.)

COMMITTEE APPROVAL

Date Approved: _____
DATE INITIAL DATE INITIAL

C.E. Chairperson: _____ Date: _____

Category Letter: _____ Total clock hours: _____