



**CONTINUING EDUCATION CLOCK HOURS APPROVAL FORM
POST PARTICIPATION**

Name: _____ Date Submitted: _____
Date of Event/Course: _____ Location: _____
Title of Event/Course: _____
Sponsor/College: _____
College Course Number: _____ Number of Credits Earned: _____
Quarter: _____ Semester: _____
Number of Hours Attended for other Events: _____
Description of Course/Workshop, including Professional Development objective:

Categories for Clock Hour Allocation

(*See bylaws for complete list*)

- A. Relevant College Course
- B. Educational Workshops, Conferences
- C. Staff Development, Inservice Meeting
- D. Curriculum Development, Site, State, Etc.
- E. Formal Peer Coaching CF Mentorship
- F. Professional Service Student Teacher
- G. Leadership Experiences, Publications CF Professional Articles
- H. Opportunities to Enhance Knowledge and Effectiveness to Schools and Business
- I. Pre-approved travel or work experience

Letter of Category for your Clock Hour Allocation: _____

These need to be included at least once in your renewal period. Did your event include:

1. Positive behavioral interventions: _____
2. Accommodating, modifying and adapting curriculum to meet needs of varied students in achieving Grad. Standards: _____
3. Reading: _____

Did this Require Prior Approval: _____ Verification Attached: _____
Date Approved by the Committee: _____ Number of Hours Granted: _____
Date Denied: _____ Reason for Denial: _____

Signature of Committee Chairperson: _____

Date Committee recorded clock hours: _____