

Renewal Unit Application Form Red Wing Continuing Education

Complete all information below, attach verification of participation, and **forward to “CEU Committee” in the Red Wing Schools District Office.** After the committee has processed the request, the form will be placed in your district continuing education file. Only denied requests will be returned to you.

Name: _____ Areas of Licensure: _____ File Folder #: _____

School: _____ Teaching Position: _____

Title of experience: _____

Date(s) and time(s) of experience: _____

Total hours of Experience/CEU’s: _____

Relevance of experience related to area(s) of licensure/current assignment: _____

Did experience address either of the following? (Check all that apply)

- _____ Positive behavioral intervention strategies (PBIS)
- _____ Reading preparation
- _____ Accommodations, modification and adaptation of curriculum, etc.
- _____ Key warning signs mental illness
- _____ Suicide prevention Training
- _____ English language learner strategies
- _____ Cultural competency

Documentation of participation is required (transcript, certificate or letter documenting your participation) and must be attached, with enough information to show that a requirement was met.

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#### For Committee Use Only

The experience ( ) has been approved for \_\_\_\_\_ hours. (Please “x” appropriate category).

Category: A \_ B \_ C \_ D \_ E \_ F \_ G \_ H \_ I \_ Categories: A. Relevant coursework

( ) has not been approved (reason): \_\_\_\_\_ B. Wkshps, conf., seminars

\_\_\_\_\_ C. Staff dev., inservice

\_\_\_\_\_ D. Curriculum development

Date: \_\_\_\_\_ E. Engagement in formal peer coaching/mentoring

\_\_\_\_\_ F. Professional service

Signatures: \_\_\_\_\_ (member) G. Leadership experiences

\_\_\_\_\_ (member) H. Opportunities to enhance knowledge and understanding of diverse educational settings

\_\_\_\_\_ (chair) I. Preapproved travel or work experience