

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 #: _____

Last License Renewal Date on PELSB (*Required*) _____

School: _____ Teaching Position: _____

Title of experience: _____

Date(s) and time(s) of experience: (*must be after last renewal date*) _____

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
☐ American Indian History & Culture

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. Workshops, conf., seminars

\_\_\_\_\_ C. Staff dev., in-service  
 \_\_\_\_\_ D. Curriculum development

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

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

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

\_\_\_\_\_ (member) H. Opportunities to enhance

\_\_\_\_\_ (chair) knowledge and understanding of diverse  
 educational settings

I. Preapproved travel or work experience