

Continuing Education Clock Hours

School _____ Date _____

Type of in-services _____ Presenter _____

In-service Hours (Excluding lunch and breaks) _____ Contact Person _____

Directions:

1. This form is for school workshops, in-service sessions, and staff development activities.
2. Attach a copy of the agenda from the activity.
3. Indicate below if you are requesting approval for this activity to meet one of the state requirements.
4. Give this form to your School Office Supervisor or your Building/Program Lead Secretary

[illegible]

This in-service specifically addressed the following state required topic for license renewal.

Positive Behavior Intervention

Reading Preparation

Accommodation, Modification, and Adaptation of Curriculum, Materials, and Instruction

Mental Illness

Suicide Prevention

English Language Learners

Cultural Competency