

CONTINUING EDUCATION CLOCK HOURS

School _____ Date _____

Type of Inservice _____ Presenter(s) _____

Inservice Hours (Excluding lunch and breaks) _____ Contact Person _____

Directions:

1. This form is for district/school workshops, inservice 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. Send this form and agenda to: Continuing Education Committee, ESC.

Employee Number	Print Name - Your hours will only be recorded if your name can be read.	Signature	Do you need clock hours?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

This inservice specifically addressed the following state-required topic for licensure renewal. Teachers need two hours in each area each license renewal period.

- _____ (1) Positive behavioral intervention strategies.
- _____ (2) Scientifically-based reading instruction. (Teachers who do not provide direct instruction including, at least, counselors, psychologists, nurses, social workers, audiovisual, and recreation personnel are exempt.)
- _____ (3) Accommodation, modification, and adaptation of curriculum, materials, and instruction to appropriately meet the needs of varied students in achieving graduation standards.
- _____ (4) This is not the sign-in that is needed for the mental health requirement. **download at: <http://www.ahschools.us/continuingeducation>**
- _____ (5) Technology integration.
- _____ (6) Reflective statement of professional accomplishment and assessment of professional growth.
- _____ (7) English Language Learner.