

St. Francis Area Schools

Human Resources
4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Standard Licensure Continuing Education/ Relicensure Clock Hour Approval

Name _____ Date _____

Building _____ Phone Extension _____

File Folder Number _____ Year License Expires _____

Description of the experience—for content approval, list specifics of experience such as date, time, materials, instructors, and so forth. **Attach transcripts, certificates, or other documentation as appropriate.**

Activity _____

Activity Date _____ Hours in attendance _____

Request for final approval of clock hours of the experience participated in as described above. (See master copy for detailed description.) **CHECK ONE.**

- A Relevant Course Work**
Attach copy of grade report or transcript—will be accepted during the 5 year licensure period.
- B Educational Workshops**
Attach signed document of attendance—will be accepted for present school year.
- C Staff Development**
—will be accepted for present school year.
- D Curriculum Development**
—will be accepted for present school year.

* Maximum of 35 clock hours from categories E, F and G
1 hour = 1 clock hour.

- E Professional Service***
One clock hour for every hour of participation.
- F Leadership***
- G Diverse Educational Setting***

Does this class address one of the following mandatory check boxes:

- Positive behavioral intervention strategies
- Accommodation, modification and adaptation of curriculum, materials and instruction
- Key warning signs for early-onset mental illness in children and adolescents
- Reading preparation
- Technology
- Reflective statement of professional accomplishment and assessment of professional growth

Number of clock hours requested _____

FINAL APPROVAL

The above experience:

_____ is approved for _____ clock hours in category _____

_____ is not approved for the following reason(s) _____

Date _____ Signed _____

Committee Member