

SPECIAL REQUEST FOR ADVANCED APPROVAL OF CLOCK HOUR CREDIT

La Center School District #101

*****Must be completed at least two weeks prior to the first day of the proposed clock hour earning event*****

The purpose of this form is to request and/or propose, not guarantee, an upcoming professional development event be considered for clock hours. It can be initiated by a certified staff member such as a teacher, counselor or administrator. Once approved within district the Director of Teaching and Learning will submit a Clock Hour Proposal to ESD112 (may or may not approve). The staff submitting this form will be notified regarding whether or not the proposal has been approved in advance of the event.

| | | |
|---------------------|---------------|---------------------|
| Today's Date | School | Subject Area |
|---------------------|---------------|---------------------|

I. ACTIVITY REVIEW CRITERIA: (At least one of the below is required for state salary allocation)

| | |
|--------------------------|---|
| <input type="checkbox"/> | Is consistent with the school district's mission for improving student learning. |
| <input type="checkbox"/> | Is consistent with a school-based plan for improving student learning developed under student learning improvement block grant for the school in which the individual(s) is/are assigned. |
| <input type="checkbox"/> | Is pertinent to the individual's current assigned or expected assignment for the following school year. |
| <input type="checkbox"/> | Is necessary for obtaining an endorsement as prescribed by the State Board of Education. |
| <input type="checkbox"/> | Is specifically required for obtaining advanced levels of certification. |
| <input type="checkbox"/> | Is included in a college or university degree program that pertains to the individual's current assignment or potential future assignment as a certified instructional staff of the school district, where the potential of the future assignment is agreed upon by the school district and the individual. |

II. INTENDED AUDIENCE: (Indicate to whom this proposed clock hour earning event would be available)

| | |
|--------------------------|---|
| <input type="checkbox"/> | Any certificated/classified district employee |
| <input type="checkbox"/> | Any certified district employee |
| <input type="checkbox"/> | Any certificated district employee |
| <input type="checkbox"/> | Any certificated district employee that is a teacher of (list subject/focus) |
| <input type="checkbox"/> | Any certificated high school teacher of (list subject/focus) |
| <input type="checkbox"/> | Any certificated middle school teacher of (list subject/focus) |
| <input type="checkbox"/> | Any certificated elementary school teacher of (list subject/focus) |
| <input type="checkbox"/> | Other: |

III. REQUESTED PROPOSAL

| | |
|---------------|--|
| Title: | |
|---------------|--|

| | | | | |
|---------|------------------------------|-----------------------------|--|--|
| Repeat? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (If Yes, Include Past Clock Hour Number) | |
|---------|------------------------------|-----------------------------|--|--|

Description and Applicability:

| | |
|--|--|
| Number of clock hours requested (must be at least 3 total AND match hours on agenda) | |
| Estimated number of participants (must be at least 2 individuals involved) | |
| Proposed facilitator(s) of session(s) | |

IV. **3 (or more) COURSE OBJECTIVES:** (Identify what participants will learn and how it may be applied.)

Objective 1

Objective 2

Objective 3

V. **AGENDA:** (Attach separately or provide an agenda including all dates, time frames, breaks and brief description of activities)

VI. **BUILDING AND SUBJECT AREA VERIFICATION**

Principal's Signature

Teacher/Facilitator or Grade Level Team

Date

NOTES:

If your Clock Hour Activity is STEM or TPEP, please include relevant supplemental forms