**SPECIAL REQUEST FOR ADVANCED APPROVAL OF CLOCK HOUR CREDIT**

**La Center School District #101**

**\*\*\*Must be completed at least four 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.

|  |  |  |
| --- | --- | --- |
| **Date** | **School** | **Subject Area** |
| Click here to enter a date. | Choose an item. | Click here to enter text. |

1. **COMPLIANCE CRITERIA:** (**At least one of the below is required for state salary allocation**)

|  |
| --- |
|[ ]  Is consistent with the school district’s mission for improving student learning. |
|[ ]  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. |
|[ ]  Is pertinent to the individual’s current assigned or expected assignment for the following school year. |
|[ ]  Is necessary for obtaining an endorsement as prescribed by the State Board of Education. |
|[ ]  Is specifically required for obtaining advanced levels of certification. |
|[ ]  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. |

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

|  |
| --- |
|[ ]  Any certificated/classified district employee |
|[ ]  Any certified district employee |
|[ ]  Any certificated district employee |
|[ ]  Any certificated district employee that is a teacher of Click here to enter text. (list subject/focus) |
|[ ]  Any certificated high school teacher of Click here to enter text. (list subject/focus) |
|[ ]  Any certificated middle school teacher of Click here to enter text. (list subject/focus) |
|[ ]  Any certificated elementary school teacher of Click here to enter text. (list subject/focus) |
|[ ]  Other: Click here to enter text. |

1. **REQUESTED PROPOSAL**

|  |  |
| --- | --- |
| Title: Subtitle: | Click here to enter text.  |

|  |  |  |
| --- | --- | --- |
| Repeat? Yes |[ ]  (If Yes, Include Past Clock Hour Number) | Click here to enter text. |
|  No |[ ]   |  |

Description and Applicability:

|  |
| --- |
| Click here to enter text. |

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

1. **INSTRUCTIONAL GOALS:** (Provide at least three program objectives to accompany this clock hour proposal.)

|  |
| --- |
| Click here to enter text. |

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

|  |
| --- |
| Click here to enter text. |

1. **BUILDING AND SUBJECT AREA VERIFICATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal’s Signature Teacher/Facilitator or Grade Level Team Date**

**NOTES:**

|  |
| --- |
| Click here to enter text. |