

# La Center School District No. 101

725 Highland Road/PO Box 1840

La Center, WA 98629

Phone: 360.263.2131/Fax: 360.263.1140

## Credit/Clock Hour Approval Form

(One form must be submitted for each class completed/Minimum of three clock hours to be eligible for credit.)

Print Name: \_\_\_\_\_ Location: \_\_\_\_\_

Current Assignment (Grade and Subjects): \_\_\_\_\_

Criteria (Indicate with a  in the box, the criteria which will allow the credits on the attached transcript to be counted toward salary allocation. If any of the last three criteria are chosen to validate acceptance, employee's initials must appear following last bullet where indicated.):

In compliance with Engrossed Substitute House Bill 1410, Chapter 18, laws of 1996, the credits earned by certificated instructional staff after September 1, 1995 shall be counted towards salary allocations only if the content of the course(s):

- Is consistent with the school district's strategic plan for improving student learning; or
  - Indicate specific school district strategic plan or component of the plan.
  - School district must have a strategic plan in place to use this criterion (LCSD does NOT have a strategic plan.)
- 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 is assigned; or
  - Indicate specific component of the plan.

Is pertinent to the individual's current assigned or expected assignment for the following school year; or

- Is necessary for obtaining an endorsement as prescribed by the State Board of Education; or
  - Describe specific endorsement and appropriate essential area of study for which you are currently working;
  - Must obtain "C" grade or "Pass".
  - **Signature confirms intent of employee to obtain endorsement.**

\_\_\_\_\_  
(Employee's Initials)

- Is specifically required for obtaining advanced levels of certification; or
  - Please describe advanced level of certification you are working to obtain.  
(Credits in this category cannot be applied toward initial certificate renewal or maintenance of a certificate.)
  - **Signature confirms intent of employee to obtain advance certification.**

\_\_\_\_\_  
(Employee's Initials)

Is included in a college or university degree program that pertains to the individual's current assignment or potential future assignment as a certificated instructional staff of the school district, where the potential of the future assignment is agreed upon by the school district and the individual.

- Include description of degree program in which you are enrolled.
- **Signature confirms intent of employee to obtain degree.**

\_\_\_\_\_  
(Employee's Initials)

Course Title	Course #	Course Description	Date	
				<b>Quarter:</b> _____ <b>Semester:</b> _____ <b>Clock Hours:</b> _____

Institution: \_\_\_\_\_  
(Must be an accredited College, University or approved Clock Hour Provider)

Description of Applicability: \_\_\_\_\_

I certify that the above is true and correct to the best of my knowledge. I also understand that it is a violation of the Professional Code of Conduct, which could result in loss of certification, to misrepresent or falsify information contained herein.

\_\_\_\_\_  
Employee's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_  
Date

Approved: \_\_\_ Yes \_\_\_ No

Rationale for Support: \_\_\_\_\_

For Personnel Office Use: Date Received: _____ Approved: ___ Yes ___ No Initials: _____
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