

**Pine Island Public Schools**  
**Certificate for Continuing Education Clock Hours**



This is to certify that \_\_\_\_\_ has completed the following continuing education program:

|                              |  |
|------------------------------|--|
| Title of Experience:         |  |
| Program/Activity Offered by: |  |
| Location:                    |  |
| Date:                        |  |
| Total CEU's requested        |  |

**This activity addresses MN rule 8710.7200 subpart 3 category- A category must be checked**

|   |  |
|---|--|
| A. Relevant coursework completed at accredited colleges and universities                                      | F. Professional service pertinent to licensure   |
| B. Educational workshops, conferences, institutes, seminars, or lectures in areas appropriate to license held | G. Leadership experiences pertinent to licensure                                       |
| C. Staff development activities, inservice meetings, and courses  | H. Opportunities to enhance knowledge and understanding of diverse educational setting |
| D. Site, district, regional, state, national, or international curriculum development                         | I. Pre approved travel or work experience pertinent to licensure                       |
| E. Engagement in formal or peer coaching (or q comp)  | J. Cultural Competency ( * potential start in 2019)                                    |

**This activity addresses which requirement**

|  |  |
|--|--|
| #1- Positive behavior intervention strategies                      | #4- Key warning signs of early onset mental illness in children and adolescents (must have 1 hour of suicide prevention)                             |
| #2-Reading Prep  | #5- Integration of technology  |
| #3-Accommodations, modification and adaptation of curriculum, etc. | #6 and #7 A reflective statement of professional growth with evidence of growth in English Language Learner Instruction <b>evident in reflection</b> |

|  |  |       |
|--|--|-------|
| Signature of Program Initiator<br>(Can be left blank if clock hour form is attached) |  | Date: |
| Signature of Participant   |  | Date: |

\*For in-house staff development this form is all that is necessary.

\*For outside experiences this form should be filled out and a CEU form attached.

\*For experiences without a clock hour form a description should be provided documenting how it related to the identified category.

|  |
|--|
| Approved for _____ clock hours, Not approved because _____ |
| Signature: _____ Date: _____                               |

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