

# Pine Island Public Schools

## Certificate for Continuing Education and 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)		

**This activity addresses which requirement**

	#1- Positive behavior intervention strategies		#4- Key warning signs of early onset mental illness in children and adolescents
	#2- Accommodation, adaptation, modification of curriculum		#5- Integration of technology
	#3- Further reading preparation		#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 (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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