

Clock Hour Approval Application Form

Name _____

Date Submitted _____

Presenter _____

Date of Presentation _____

Number of Clock Hours for Approval _____

Title of the Class/Video _____

_____ Off - Site Class

_____ Make - Up Video

*attach a short paragraph summary of the content and the date it was viewed.

___ Positive Behavior Intervention Strategies

___ Accommodation, Modification, Adaptation of Curriculum

___ Reading Preparation

___ Key Warning Signs of Mental Illness

___ Technology

___ Reflective Statement

___ ELL

___ Suicide Prevention

Local Committee Action

___ Approved for ___ Clock Hours

___ Not Approved

Reason: _____

Committee Signature: _____

Date of Approval _____