

LANE CHANGE CLOCK HOURS

IDENTIFICATION INFORMATION

Name

Address

School District

Teaching Position

Areas of Licensure

Licensure Area(s) for this Request

FINAL APPROVAL CLOCK HOURS REQUEST

Number of clock hours requested: \_\_\_\_\_

Specify category of activity (See back of this form - A - G): \_\_\_\_\_

(  ) Final approval of clock hours for this experience participated in as described below.

1. PROFESSIONAL DEVELOPMENT FOR THIS EXPERIENCE: (Briefly state the objectives you have for participating in this experience and the relationship they have to your professional development.)

2. DESCRIPTION OF THE EXPERIENCE: (For content approval, list specifics of experience such as date, time, materials, instructors and so forth, and attach transcript, certificate or other documentation as appropriate.)

3. EVALUATION (State briefly your evaluation of the outcomes of this experience.)

FINAL APPROVAL

The above experience :

(  ) is approved for \_\_\_\_\_ clock hours.

(  ) is not approved.

If not approved, state reasons: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Director approval \_\_\_\_\_ Date \_\_\_\_\_