

**Request for Final Approval of Continuing Education Hours
ISD 484 - Pierz**

This form is to be used to request final approval after completion of a specific continuing ed. experience. **Attach** any certificates or paperwork that applies to the requested hours.

Name _____ **School** _____

Areas of Licensure _____ **Expiration Year** _____

_____ **File Folder #** _____

Date of Experience _____ **Renewal Area** _____ **Hours Earned** _____

Professional Development Objectives for this Experience - Briefly state the objectives you have for participating in this experience and the relationship they have to your professional development.

Description of the Experience - For content approval, list specifics such as: date, time, materials, instructor, etc. If possible, attach transcript, certificate or other documentation as appropriate. Be sure to include the number of hours spent on the experience.

Evaluation - State briefly your evaluation of the outcomes of this experience. Were objectives reached?

Final Approval
For Committee Use Only

The above experience:

is not approved

Reason: _____

Date: _____

Committee Chairperson: _____

The above experience is approved.

CE Committee Initials: