Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File Folder #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **I AM SUBMITTING CERTIFCATION OF MY SUMATIVE EVALUATION AND DEVELOPMENT PLAN IN LIEU OF A REFLECTIVE STATEMENT, CULTURAL COMPTENCY TRAINING AND THE MEETING OF ENGLISH LEARNER NEEDS.**

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|  | | | | **Record # of Hours – Do Not Use Check Marks** | | | | | | | | | | | |
| Mark if activity has accompanying explanation on Clock Hour Activity Explanation Sheet | Activity Date(s) | Category  A-I | Title/Description | English Learner Needs | Mental Health *(2 hours)* | Suicide Prevention *(1 hour)* | Positive Behavior *(1 hour)* | Reading *(1 hour)* | Cultural Competency | Other Hours | Clock Hours Granted  for this Activity | Committee Member Initials | Toward License Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(30 hours)* | Toward License Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(30 hours)* | Toward License Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(30 hours)* | | Toward License Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(30 hours)* |
| ✓ | 1/1/11 | B | Children’s Mental Health |  | 4 |  |  |  |  |  |  |  |  |  |  | |  |
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| Total Clock Hours Earned During Relicensure Period: | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  |