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) | CategoryA-I | Title/Description | English Learner Needs | Mental Health *(1 hours)* | Suicide Prevention *(1 hour)* | Positive Behavior *(1 hour)* | Reading *(1 hour)* | Cultural Competency  | Other Hours | Toward License Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(30 hours)* | Toward License Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(30 hours)* | Toward License Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(30 hours)* | Toward License Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(30 hours)* | Clock Hours Grantedfor this Activity | Committee Member Initials |
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| Total Clock Hours Earned During Relicensure Period: |  |  |  |  |  |  |  |  |  |  |  |  |  |