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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **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*(1 hour)* | Mental Health *(1 hour)* | 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 |
| ✓ | 1/1/11 | B | Children’s Mental Health |  | 4 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mark if activity has accompanying explanation on Clock Hour Activity Explanation Sheet | Activity Date(s) | CategoryA-I | Title/Description | English Learner Needs(*1 hour)* | Mental Health *(1 hour)* | 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 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Clock Hours Earned During Relicensure Period: |  |  |  |  |  |  |  |  |  |  |  |  |  |