

Activity	Provider	Date(s)	Personal/District Goal Addressed	Clock Hours

We have reviewed the activities and are in agreement with the types of activities and clock hours to be reported to the State Education Department.

Signature of Certificate Holder

Date _____

Signature of Building Principal

Date _____

Signature of District Representative

Date _____

Remember to have the building principal sign this form before submitting.

**PLEASE SUBMIT THIS FORM TO THE HUMAN RESOURCE DEPARTMENT AND
KEEP A COPY FOR YOUR OWN RECORDS.**