

EdVisions Cooperative
CONTINUING EDUCATION/RELICENSURE MASTER RECORD FORM

This form must accompany your application for relicensure. You may make copies of the form as necessary.

Bobby Jo Johnson **99999**
Name **File Folder#**
5-12 Social Studies **2017**
Area(s) of Licensure **Year Lic. Exp**

Current Licensure: from 7/2012__ to 6/2017.

Date of Activity	Category A-I	Title/Description	Required Hours per category:							Office Use Only		
			15 Towards 15 hrs licensure area	15 Towards 15 hrs TPP and PBL	2 Key Warning Sign	2 Accom/standards	2 Positive Behavior	2 Technology	2 Reading	Clock Hours for this Activity	Initials	
3/12/13	B	Conversation Day: SS Breakout session	1.5									
1/30/13	A	Hamline course on SS best practices- 1 Sem Credit	24									
2/12/14	C	Early Warning Signs Mental Health			4							
4/22-24/15	B	National Charter School Conference									24	
6/20013	A	School Law Course- 3 sem credits									72	
9/15/014	C	Reading Strategies for PBL Students							2			
10/2015	C	Served on Personnel Team- Number One Charter (2005-2006)		18								
4/2016	B	Learning through Love and Logic					6.5					
6/2015	D	Social Studies Standards alignment				10						
6/1014	B	Moodle Training						5				
Total Clock Hours Earned During Relicensure Period:												

Committee Only:
 Areas Covered: _____ Missing: _____
 Reflection _____ ELL _____ Full renewal _____
 Granted: _____ Date: _____
 Signature: _____