

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

2019

Area(s) of Licensure

Year Lic. Exp

Current Licensure: from 7/2013__ to 6/2019.

Date of Activity	Category A-I	Title/Description	Required Hours per category:									Office Use Only	Initials	
			Towards 15 hrs licensure area	Towards 15 hrs TPP and PBL	Key Warning Sign	Suicide Prevent	Accom/standards	Positive Behavior	Technology	Reading	Clock Hours for this Activity			
3/12/14	B	Conversation Day: SS Breakout session	1.5											
1/30/14	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		
6/20015	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						
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: _____