

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.

Name : Awesome Teacher **File Folder#:** 999999

Area(s) of Licensure: 5-12 Social Studies **Year License Exp:** 2020

Email: teacher@awesome school

X I am submitting certification of my summative Evaluation in lieu of Cultural competency and the meeting of ELL needs

Date of Activity	Category A-I	Title/Description	Required Hours per Category									Office use only
			15-30	15	1	1	2	2	6-8*	2*	any	
			License Area	PBL and/or TPP	Key Warn Signs	Suicide Prevent	Pos. Behav.	Reading	Cultural Comp	English Learner Needs	Other	
1/30/15	A	Hamline course:Civics- 1 Sem Credit	24									
2/12/15	C	Early Warning Signs Mental Health			4							
6/16	B	National Charter School Conference									24	
6/20016	A	School Law Course- 3 sem credits									72	
9/15/15	C	Reading Strategies for PBL Students						2				
10/2016	C	Served on Personnel Team-2015-2016)		15								
4/2017	B	Learning through Love and Logic					6					
6/2018	D	Social Studies Standards alignment	10									
6/2018	B	Cultural Competency Training: Religion							2			
9/2019	B	Suicide Prevention				2						
Office use		TOTALS for page:										

Committee Only: Summative Evaluation Certificate _____ Full renewal Granted: _____ Date: _____ Still need: _____