District 318 **Relicensure Form**

Please use one Relicensure Form for each school year

Name						File Folder No							
School Chec				eck box if substitute				Relicensure Year					
Home Address			City/State/Zip										
Phone _	Em	nail Address											
Areas of	Relicensure							A	Attach docur	nentatio	on for review		
Fill in th	e year, event, and indicate if the activity addresses	one of the requ	ired a	ıreas. T	he Rel	licen	sure C	ommitt	ee will verify the numb	per of clock ho	urs for approval.		
State Required Areas (Check one box) One hour needed per area											_		
Year	Event	В	R	мн	ELL	s	СС	ACC	Clock Hours	Approved			
										+			
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State Required Areas: B = Positive Behavior Intervention Strategies R = Reading Preparation													

ACC = Accommodations, Modifications, and Adaptations of Curriculum

MH = Key Warning Signs of Mental Health

ELL = English Language Learner

S = Suicide Prevention Training **CC** = Cultural Competency

Revised: 12/2022