

**District 318
Relicensure Master Record Form**

Please use one Master Record Form for each school year

Name _____ File Folder No. _____

School _____ Check box if substitute Relicensure Year _____

Home Address _____ City/State/Zip _____

Phone _____ Email Address _____

Areas of Relicensure _____

Attach documentation for review

Fill in the date, event and appropriate category. Also indicate if the activity addresses one of the required areas. The Relicensure Committee will verify the number of clock hours for approval.

Month/ Year	Event	(ABCDEF G) Area of Relicensure*	State Required Areas (Check one box)								Clock Hours	Approved
			B	R	MH	PD	ELL	S	CC			

Area of Relicensure:
(Refer to approval form for complete category description)*

- A = Relevant coursework
- B = Workshops, conferences, seminars, lectures
- C = Staff development activities and in-services
- D = Curriculum development
- E = Professional Service
- F = Opportunities to explore diverse ed. settings
- G = Travel, work, or additional experiences for professional growth

- State Required Areas:**
- B = positive behavior intervention strategies
 - R = Reading
 - MH = Mental Health
 - PD = Reflective Statement/Professional Development
 - ELL = English Language Learner
 - S = Suicide Prevention
 - CC = Cultural Competency (starting 2020)

TOTAL