DIOCESE OF CROOKSTON CLOCK HOUR/RELICENSURE MASTER RECORD FORM

Name:		File Folde	er No. <u>-</u>				_Licer	nse exp	oires				
Home Address:		City/State/Zip											
Phone:		Email Addr	ess:										
Area(s) of Licensure:		Current Teaching Assignment											
Relicensure Co	ommittee	L sections of this form except Approved hours will determine the number of Clock Hours for on what satisfies the mandatory areas follow th	appro	val. Th	is forn	n must	be sub		with a	ll activ		For	
Month/Day/Year	r Category	Activity										Hours	
			1	2	3	4	5	6	7	8	# Requested	# Approved	
Mandatory	Areas												

Area 1 – Positive Behavior Intervention Strategies

Area 2 – Reading Preparation

Area 3 – Accommodations, modifications, and adaptation of curriculum Area 4 – Key Warning Signs of Early-Onset Mental Illness in Children

Area 5 – Suicide Prevention

Area 6 – English Language Learners

Area 7 – Cultural Competency

Area 8 – American Indian History and Culture

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Committee Member

Date