STATE CONTINUING EDUCATION CLOCK HOURS (SCECHs) PARTICIPANT VERIFICATION FORM FOR PARTICIPATION ON AN APPROVED SCHOOL IMPROVEMENT TEAM

This form should be completed for eligible participants to receive SCECHs for participation in one of the following activities (please check one):

	Member of school's approved Public Act 25 school improvement team.** Member of school district's approved Public Act 25 school improvement team.**		
used tow for partic number o	imum of 90 SCECHs earned in each ard advanced certificate and/or actipation in one school improvement of school improvement teams on we ded copy of this form must be filed with the end date of the activity.	dministrator rene t activity only per hich a participant	wal.** SCECHs are issued school year, regardless the serves.
Type or F	Print)		
Name			
Email Add	ress		PIC
Name of School District Where Employed			
Name of S	School Where Assigned		
Number o	ber of Meetings Scheduled Number of Meetings A		gs Attended
Beginning	eginning Date of Professional Activity Completion Date of Professional Activity		f Professional Activity
Participant's Signature			Date
certify th	ne criteria to receive SCECHs for servir	ng on a School Impr	rovement Team has been met.
School Improvement Team Chairperson's Signature			Date
□ Participant provided with completed copy.			
SCECH Co	ordinator's Signature		Date

Advisory:

Program Approval Number

It is a criminal offense to use or attempt to use a SB-CEU/SCECH transcript or certificate of completion that is fraudulently obtained, altered, or forged to obtain and/or maintain school administrator, teacher and/or school psychologist certification or other State Board approval.

Revised: 4.10.2013 Previous date: 12.16.2009

SCECHs Awarded