

# Hoquiam School District #28

## Credit/Clock Hour Approval Form

(One form must be submitted for each class completed/Minimum of 3 clock hours to be eligible for credit)

Print Legal Name: \_\_\_\_\_

School Assignment: \_\_\_\_\_

Current Assignment, Grade and Subject(s): \_\_\_\_\_

**CRITERIA** (Indicate with a ✓ in the box, the criteria which will allow the credits on the **attached transcript or OSPI approved clock hour form** to be counted toward salary allocation.

In compliance with Engrossed Substitute House Bill 1410, Chapter 18, Laws of 1995 and WAC 392-121-262, the credits earned by certificated instructional staff after September 1, 1995 shall be counted towards allocations only if the content of the course(s) meet any one of the following: (These criteria are in addition to those in WAC 392-121-255, 257, 259 and 280)

1.  Is consistent with a school-based plan for mastery of student learning goals as referenced in RCW 28A.655.110 the annual school performance report, for the school in which the individual is assigned; or
2.  Is pertinent to the individual's current assignment or expected assignment for the following school year; or
3.  Is necessary for obtaining an endorsement as prescribed by the WA Professional Educator Standards Board; or  
*-attach a brief description about specific endorsement and appropriate essential area of study for which you are currently working;*  
Signature below confirms intent of employee to obtain endorsement
4.  Is specifically required for obtaining advanced levels of certification; or  
*-attach a brief description about advanced level of certification you are working to obtain (Credits in this category cannot be applied towards initial certificate renewal or maintenance of a certificate)*  
Signature below confirms intent of employee to obtain advanced certification.
5.  Is included in a college or university degree program that pertains to the individual's current assignment or potential future assignment as a certificated instructional staff of the school district, where the potential of the future assignment is agreed upon by the school district and the individual; or  
*-attach Affidavit of Degree Intent for the degree program in which you are enrolled.*  
Signature below confirms intent of employee to obtain degree
6.  It addresses research-based assessment and instructional strategies for students with dyslexia, dysgraphia and language disabilities when addressing learning goal one under RCW 28A.150.210, as applicable and appropriate for individual certificated instructional staff.

COURSE #	COURSE TITLE/DESCRIPTION	Quarter _____ Semester _____ Clock Hrs _____

Institution: \_\_\_\_\_ (Must be a regionally accredited institution of higher education or a Washington Professional Educator Standards Board approved clock hour provider)

I certify that the above is true and correct to the best of my knowledge. I also understand that it is a violation of the Professional Code of Conduct, which could result in loss of certification, to misrepresent or falsify information contained herein.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Rationale for Support:** Identify Criteria # \_\_\_\_\_ Supervisor Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Personnel Office: Date received: \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_ (07/08)