


Contact Unit Verification Form

Educator/Licensed Professional Information					
Name of Educator/Licensed Professional: _____			Position: _____		
School/Site Location: _____			School/Site Location Number: _____		
School's Tier Status:	Title I, Tier I	Title I, Tier II	Title I, Tier III	Non-Title I	N/A
Educator/Licensed Professional–Track Status:	Two-Year Track (Title I, Tier I and Title I, Tier II)		Three-Year Track (Title I, Tier III and Non-Title I)		
Name of Supervisor: _____					

Professional Learning Activity Summary					
<p>The educator/licensed professional completes this section prior to participation in the professional learning activity. If an educator/licensed professional is paid his/her contractual rate for an extended contractual workday or year, the time is excluded from counting toward CUs. If an educator/licensed professional is paid any hours at \$22 per hour, he/she may only accrue CUs at the ½ rate. Upon completion of the activity, the educator/licensed professional indicates the Completed “Clock” Hours and Accrued CUs.</p>					
Professional Learning Activity as stated in the <i>Professional Growth System Reference Guide</i>					
Description of Professional Learning Activity	Activity Location	Date(s) and Time(s) of Activity	Indicate if paid for the activity (\$22/hr or stipend)	“Clock” Hours	CUs
			Yes	Anticipated “Clock Hours”	Anticipated CUs
			No	Completed “Clock” Hours	Accrued CUs

Pre-Approval (if required)	
<p>The educator/licensed professional completes this section only if the professional learning activity requires pre-approval prior to participation. Activities within the following sections require pre-approval: Presenting Professional Development, Creating Professional Development, Professional Learning Communities, School and Community Activities, College Coursework at the 200-Course Level, Multi-Cultural College Coursework at the 100-Course Level, Mentoring, Student Tutoring, Summer School/\$22.00 per Hour, Task Force Participation, Grant Writing, Community-Based Awards, Student-Based Activities: Extracurricular Activities, and Administrative Internship. Refer to the <i>Professional Growth System Reference Guide</i> for specific information.</p>	
Printed Name of Individual Required for Pre-Approval: _____	
Signature of Individual Required for Pre-Approval: _____ (Supervisor, Assistant Superintendent, etc.)	Date: _____

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 **Intended Outcome(s)**

The educator/licensed professional completes this section prior to participation in the professional learning activity.

- Share the intended outcome(s) of the professional learning activity.

 **Required Documentation**

The educator/licensed professional completes this section as a check point to ensure that the required documentation is collected throughout and upon completion of the professional learning activity. Refer to the *Professional Growth System Reference Guide* for documentation required for the professional learning activity.

Required Documentation
(Certificate of Completion, Transcript, Agendas, Hours and Activities, etc.)

 **Self-Reflection**

The educator/licensed professional completes this section upon completion of the professional learning activity.

- Provide a brief summary of how this professional learning activity will impact you as an educator/licensed professional and student learning.

Educator/Licensed Professional Signature: _____

Date: _____

The educator/licensed professional is responsible for maintaining all documentation in alignment with his/her PGP and ensuring that the professional learning activities count toward CUs for column movement. The PGP may be adjusted based on the educator/licensed professional's professional growth.