

Procedures for Requesting Approval For Clock Hours

This procedure is to be followed when requesting initial approval for continuing education clock hours for a workshop or class in Spokane Public Schools.

Six Criteria for Approving Clock Hours:

- It is consistent with the school district's strategic plan for improving student learning.
- It is consistent with a school-based plan for improving student learning developed under student learning improvement block grants for the school in which the individual is assigned.
- It pertains to the individual's current assignment for the following school year.
- It is necessary for obtaining an endorsement as prescribed by the state board of education.
- It is specifically required for obtaining advanced levels of certification.
- It 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.

FORM: CONTINUING EDUCATION CLOCK HOURS PROPOSAL FOR IN-SERVICE OFFERING

These completed forms must be received in the Instructional Programs Department at least two weeks/ten (10) working days prior to the start of the in-service.

1. SPONSORING PROVIDER NAME: Has been filled out for you
2. SPONSORING PROVIDER ADDRESS: Has been filled out for you
3. CONTACT PERSON'S NAME & LOCATION: This is the person that coordinates information and paperwork for your in-service. If staff has questions about the content or emphasis of the class offering, this is the person they will contact.
4. CONTACT PERSON'S TELEPHONE NUMBER: Where contact person can most often be reached during the work day by Spokane Public School staff.
5. TITLE OF IN-SERVICE OFFERING: Please list the entire title by which this offering will be advertised. The in-service should have one title only. Abbreviating or changing the title creates confusion among the prospective participants. If this is a class you have offered previously, the title needs to be exactly the same as when previously offered.
6. LOCATION OF IN-SERVICE: Provide as much detail as possible regarding the location. If the in-service will be held in a district building (school, administration building, etc.), please note which room will be used. If the in-service will be located in a non-district facility, please indicate the address or the specific building to be used.
7. DATE(S) OF IN-SERVICE: If the in-service is offered over several dates, list all dates involved. **If the same in-service will be repeated on more than one occasion, please submit a proposal for each class.**

8. TIMES(S) OF DAY: If the in-service is offered at different times on various days, please list those times.
9. Number of Participants: What is the limit to the number of people you would like in this class?
10. Open Enrollment (open for registration in the professional learning catalog) OR Closed Enrollment (registration not available in the professional learning catalog)
11. NAME OF INSTRUCTOR(S): Please list all instructors. Include the contact person's name only if that person is actually instructing a portion of the in-service. If you change instructors at any point, we need to change our records. Instructors will receive clock hours the first time they teach a particular class.
12. TOTAL NUMBER OF CLOCK HOURS: When figuring the total number of clock hours, please remember that your lunch should not be included in the total number of hours. An in-service that begins at 8:00 AM and runs until 3:00 PM with a one (1) hour break for lunch should be credited with six (6) total clock hours. OSPI has mandated that certified clock hours must be a minimum of three (3) hours. Since this is a state mandate, exceptions cannot be made by Spokane Public Schools.
13. SIGNATURE BOX: The curriculum coordinator, program supervisor, or principal for the contact person must sign and date the proposal before it is sent to the Professional Learning Department.

CATALOG SECTION NUMBER, please leave blank.

TITLE OF IN-SERVICE: Be sure to use the same title as the one listed in Section 5 of the Continuing Education Clock Hours Proposal for In-Service Offering form.

INTENDED AUDIENCE: Please be specific in identifying the target group for this in-service. List in this area all prerequisite classes, skills, and any restrictions for this class. If this class is for a specific audience (i.e., a specific building's staff) let us know so note that in the description.

NAME AND TITLE OF PERSON(S) PROVIDING THE FOLLOWING INFORMATION: This is usually the person listed as the Contact Person (and/or Facilitator). If you would like to be listed as an 'observer', you will be able to view the registrations.

Step 1 - RATIONALE: Please choose the strategy best fitting your professional learning activity and provide an explanation of how the proposed offering meets that need.

Step 2 - OBJECTIVE: This list of objectives must be specific and measurable. The information will be used in the evaluation of the in-service. If more space is needed, please write, "See attached" in this space and attach the objectives on a separate sheet.

Step 3 - AGENDA: The agenda needs to be detailed and attached. Please include times set aside for how material will be presented. Please include an agenda for each day of the in-service. If you are doing a book study, clock hours are not given for reading the book, but for new learning activities and discussions around the book.

Step 4 – EVALUATION: How do you plan to evaluate your participants’ new learning (content and skill)?

Step 5 - IS THIS COURSE ONLINE? If so, please know that we are unable to give clock hours for time spent online without a rubric or product sample. The participants receive clock hours for the time spent on a product which must be evaluated by the instructor using a rubric to determine how many clock hours are to be given.

Step 6 - SYNOPSIS FOR PROFESSIONAL LEARNING CATALOG (Optional): If you would like to include a description of the activity/course for the professional learning catalogue, you may write it here (max. 500 characters).

Step 7 – FORM – INSTRUCTOR QUALIFICATIONS: Please have each of the instructors complete one of these forms. The information supplied must relate specifically to the subject of the in-service being offered. This form needs to be included each time a class is offered. As an alternative for this requirement, an instructor may submit a resume or vita in place of completing the Instructor Qualifications Form.

TO REQUEST YOUR PROPOSAL TO BE SET UP AS AN EVENT:

You may want to set up your class as an event. This allows for staff to register for individual sessions/dates within the event. Your sign in sheets will have only the people registered for that session/date, not for all of the sessions/dates of your class. The 'event' is the 'clock hour class' and will have one section id#. There must be a minimum of 3 hours in the entire class/event and participants must participate in a minimum of 3 hours to receive clock hours. Each session within the event must be at least one hour long. Please note that participants’ transcripts will only show the clock hours earned for the 'event' title and will not list the individual sessions within the event.

1. Add the word ‘event’ to the end of your title on your proposal.
2. In the agenda section of the proposal say 'see attached.'
3. Attach a separate sheet for each session with the name of the session, date, time, location, instructor name and the description you want entered into the catalog. You will also need to include an agenda showing how the time will be used.
4. Attach an instructor qualification form for each presenter.
5. When this appears in the catalog, look it over carefully to be sure everything is as you want it to look.

These completed forms must be received in the Professional Learning Department at least two weeks/ten (10) working days prior to the start of the in-service.



Spokane Public Schools
excellence for everyone

**CONTINUING EDUCATION CLOCK HOURS
PROPOSAL FOR INSERVICE OFFERING FOR
SPOKANE PUBLICSCHOOLS STAFF ONLY**

In-service education program providers must submit this form and required information at least 12 working days in advance of any offering to: Lisa VanZyverden, Spokane Public Schools, Administration Bldg, 200 N Bernard, Spokane, WA 99201-0206

1. Sponsoring Provider Name: <p style="text-align: center;">Spokane Public Schools</p>	2. Sponsoring Provider's Address: <p style="text-align: center;">200 N. Bernard Spokane, WA 99201-0206</p>										
3. Contact Person's Name & Location:	4. Contact Person's Telephone Number:										
5. Title of Inservice Offering: Course <input type="checkbox"/> OR Event <input type="checkbox"/>	6. Location of Inservice: _____ 7. Room # _____ 8. School Dude Schedule Number _____										
9. Dates:	10. Time(s) of Day:										
11. Number of Participants:	12. <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Closed Enrollment										
13. Name of Instructor(s): Has this instructor taught this in-service previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Total Number of Clock Hours: Has the instructor determined this in-service to be STEM related (2 of 4)? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Catalog Section Number (For Office Use Only)											
<table border="1" style="margin-left: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
15. <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between;"> Signature - Curriculum TOSA, Program Supervisor or Principal Date </div> <p><i>Note: Signature is required prior to forwarding this approval request to Instructional Programs.</i></p>											

The Continuing Education Clock Hours Advisory Committee reviewed this proposal, including the objectives and agenda.

Approval granted Approval denied

Director, Instructional Programs

Date





**CONTINUING EDUCATION CLOCK HOURS
RATIONALE – OBJECTIVES – PROGRAM AGENDA**

Title of Inservice: _____

Intended Audience (Elem, MS, HS, Content Area, Program) _____

Name & Title of Person Providing this Information _____

Spokane Public Schools Strategic Plan 2014-2020

SPS Mission: To develop each student's talents and skills to his or her full potential through high standards, rigorous academics, real-life applications, and supportive relationships.

Strategic Goal I: Increase student achievement. Students will be provided rigorous academic and real-life learning opportunities to become college and career ready. Students will be provided high quality, individualized instruction through exceptional teaching, consistent curriculum, and effective assessments.

Strategic Goal II: Provide a safe, productive learning and working environment. Provide a physically and emotionally safe learning environment in support of continuous student improvement.

Strategic Goal III: Build and maintain a talented, effective workforce. Enhance student performance by attracting, supporting, and developing a world class workforce.

Strategic Goal IV: Operate efficiently. Enhance academic quality and student outcomes through strong fiscal management, facility planning, and effective governance.

Strategic Goal V: Ensure public support and customer satisfaction. Student learning experiences will be supported and enriched by fostering effective communication as well as purposeful internal and community partnerships.

Click here to see specific objectives aligned to each strategic goal: <http://www.spokaneschools.org/Page/24474>

Step 1: RATIONALE - Please choose the strategy best fitting your professional learning activity and provide an explanation of how the proposed offering meets that need.

- Strategic Goal I Strategic Goal II Strategic Goal III Strategic Goal IV Strategic Goal V

Step 2: OBJECTIVES - Please list the objectives for your activity including both *content and skills* to be learned.

Objective #1: _____ Content? Skill?

Objective #2: _____ Content? Skill?

Objective #3: _____ Content? Skill?

Step 3: AGENDA – Please attach an agenda with activities and time frame.

Step 4: EVALUATION – How do you plan to evaluate your participants' new learning (*content and skill*)?

Step 5: IS ANY/ALL OF THIS COURSE ON-LINE COURSE? Yes No

Participants will take part in a webinar together.

If this is an on-line course, each participant needs to complete a product for the instructor. That product must be evaluated by the instructor using a rubric to determine how many clock hours are to be given. Clock hours cannot be given for time spent on-line without a rubric.

Step 6: SYNOPSIS FOR PROFESSIONAL LEARNING CATALOG (Optional) - If you would like to include a description of the activity/course for the professional learning catalogue, you may write it here (max. 500 characters).

Step 7: INSTRUCTOR QUALIFICATIONS

OSPI regulations require instructor qualifications for every new activity/course approved (see attached sheet).

For out of district presenters a vita, resume or published background sheet may be submitted instead of attached form.

Instructors may receive clock hours the first time they teach a class, but not at anytime in the future for the same class.

- Are you paying the presenter? If so, out of what program? _____

BEFORE TURNING IN THIS FORM PLEASE CHECK FOR THE FOLLOWING:

- All paperwork is filled out completely
- The activity/course is at least 3 hours long and does not include breakfast, lunch or dinner as part of that time. If this is a full day class, at least ½ hr. must be subtracted to allow for a lunch break.
- Send or email paperwork to Lisa VanZyverden (LisaVa@spokaneschools.org)

QUESTIONS?

If you have questions call or email Lisa VanZyverden (354-5942).



SPOKANE PUBLIC SCHOOLS
INSTRUCTOR QUALIFICATION FORM

Name and Title/Position: _____ Phone: _____

Current Employer: _____

Work Address: _____
(Street) (City) (State) (Zip)

Educational Background:

_____	(Institution)	(Degree)
_____	(Institution)	(Degree)
_____	(Institution)	(Degree)

Specific Professional Background Experience Relating to Subject of Training:

References:

(Name) (Title) (Phone)

(Name) (Title) (Phone)