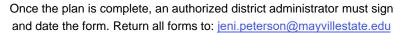


## **Credit Verification Form**

**NOTES:** Use this form to document your personalized learning plan Must have 15 Completed Hours







## **Teacher Information**

\*Required Information

Mr. TEACHE	I Mrs. □ Ms. □ Miss R NAME:	*SCHOOL DISTRICT				* EMAIL ADDRESS		
* MAILING ADDRESS			* CITY		* TELEPHONE/CELL	ELEPHONE/CELL		
EDUCATO	N DAY LOCATION:			<b>'</b>				
* YOUR PEF	RSONAL LEARNING GOALS:							
	1							
* DATE	TE PROFESSIONAL DEVELOPMENT DESCRIPTION  MfK Continuing Education Credit Video Series <a href="https://www.youtube.com/playlist?list=PLmH4v84HSIGow7ObrkzuX51219FiYxuC2">https://www.youtube.com/playlist?list=PLmH4v84HSIGow7ObrkzuX51219FiYxuC2</a>							* HOURS
* DATE	E COMPLETED AND SUBMITTED ALL PAPERWORK							* HOURS
	* Education Day Student Report Card							
	* Marketplace for Kids Lesson							
	* Credit Reimbursement Form							
	* Education Day Project Teacher Evaluations (3)							
	* Credit Verification Form		(-)					
	TOTAL HOURS							
	1. 2							<u> </u>
	Teacher Signature		Date	Distri	ct Administrat	or S	ignature	Date