



Credit Verification Form



NOTES: Use this form to document your personalized learning plan

Must have 15 Completed Hours

Must Attend Your Regional Education Day

Once the plan is complete, an authorized district administrator must sign and date the form. Return all forms to: jeni.peterson@mayvillestate.edu

Teacher Information

***Required Information**

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss * TEACHER NAME:		*SCHOOL DISTRICT			* EMAIL ADDRESS	
* MAILING ADDRESS			* CITY	* ST	* ZIP CODE	* TELEPHONE/CELL
* EDUCATION DAY LOCATION:						
* YOUR PERSONAL LEARNING GOALS:						

* DATE	PROFESSIONAL DEVELOPMENT DESCRIPTION	* HOURS
	MfK Continuing Education Credit Video Series https://www.youtube.com/playlist?list=PLmH4v84HSIGow7ObrkzuX5I219FiYxuC2	
* DATE	COMPLETED AND SUBMITTED ALL PAPERWORK	* HOURS
	* Education Day Student Report Card	
	* Marketplace for Kids Lesson Plan	
	* Credit Reimbursement Form	
	* Education Day Project Teacher Evaluations (3)	
	* Credit Verification Form	
	TOTAL HOURS	

Teacher Signature

Date

District Administrator Signature

Date

Make sure all items are completed prior to submitting to: jeni.peterson@mayvillestate.edu