Credit Verification Form

NOTES: Use this form to document your personalized learning plan
Must Attend 15 Completed Hours
Must Attend a Regional Education Day
Once the plan is complete, an authorized school administrator must sign and date the form. Return all forms to:
jeni.peterson@mayvillestate.edu

Teacher Information

All Fields Are Required

❑Mr. ❑ Mrs. ❑ Ms. ❑ 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 YouTube MFK Video Library	
DATE	**COMPLETED AND SUBMITTED ALL PAPERWORK**	**HOURS**
	Education Day Student Report Card	
	Marketplace for Kids Lesson Plan	
	Credit Reimbursement Form	
	Education Day Project Teacher Evaluation (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

Lesson Plan

Teacher Name: _____ Date: _____

Lesson Plan Title:

Introduction:

Subject Area:

Time Required:

Plan:

Evaluation:

Materials / Resources Needed:

Reflection & Application:

What new concepts, strategies, etc. were most meaningful and thought provoking to you as a learner?

How will you implement the new learning into your classroom/work situatio