

**STATE CONTINUING EDUCATION CLOCK HOURS (SCECHs)
PARTICIPANT VERIFICATION FORM FOR
Supervision of Pre-Teaching/Midtier/Pre-Service Student**

This form should be completed for eligible participants to receive SCECHs for participation in the Supervision of Pre-Teaching/Midtier /Pre-Service Student program

**** A maximum of 90 SCECHs earned in each activity in a five-year renewal period can be used toward professional education certificate renewal.**

A completed copy of this form must be filed with the SCECH sponsor **no more than 30 calendar days after the end date of the activity.**

(Type or Print)

| | |
|---|--|
| Name | |
| Email Address | PIC |
| Name of School District Where Employed | |
| Name of School Where Assigned | |
| Name of Assignee | |
| Beginning Date of Professional Activity | Completion Date of Professional Activity |

Supervising Teacher's Signature

Date

I certify the criteria to receive SCECHs for the above activity has been met and the required documentation pertaining to the activity has been reviewed. This documentation is:

on file for review on file with the teacher preparation institution

Building Principal's Signature/District Superintendent

Date

Teacher provided with completed copy.

SCECH Coordinator's Signature

Date

SCECH Program Approval Number

SCECHs Awarded

A COMPLETED COPY OF THIS FORM SERVES AS VERIFICATION OF SCECHs

Advisory: It is a criminal offense to use or attempt to use a SCECH transcript or certificate of completion that is fraudulently obtained, altered, or forged to obtain and/or maintain school administrator, teacher and/or school psychologist certification or other State Board approval.