

Highline Public Schools
 Paraeducator Certificate Program
 Fundamental Course of Study
INDIVIDUAL FCS CLOCK HOURS TRACKING FORM



Use this form to verify your attendance at an approved clock hour offering outlined in Section II below. This form must be retained by as verification of attendance. It is your responsibility to maintain accurate records for compliance with certification regulations.

THIS FORM IS FOR INTERNAL, HIGHLINE PUBLIC SCHOOLS USE ONLY. PLEASE PRINT AND USE PEN ONLY.

SECTION I – INFORMATION – PARTICIPANT

Name of School _____

LEGAL NAME (Last, First, Middle)	HPS EMPLOYEE ID#
HOME ADDRESS (Street, City, State, Zip Code)	TELEPHONE NUMBER HOME BUSINESS

SECTION II – INFORMATION – PARTICIPANT

SRN (SESSION NUMBER) HPS 0001X	FCS # FCS 02	TITLE OF INSERVICE OFFERING Moodle - Social Emotional Learning
TOTAL NUMBER OF CLOCK HOURS AVAILABLE FOR INSERVICE OFFERING 1 hour	FIRST DAY OF INSERVICE 09/01/2020	LAST DAY OF INSERVICE 06/31/2020
SPONSORING PROVIDER NAME (AGENCY GRANTING CLOCK HOURS) Highline Public Schools, District #401	BUSINESS TELEPHONE NUMBER (206) 631-3000	
PROVIDER ADDRESS 15675 Ambaum Blvd. SW, Burien, WA 98166		
SPONSORING PROVIDER INSERVICE CONTACT PERSON Deena Russo	BUSINESS TELEPHONE NUMBER 206 631 3135	

SECTION III – AFFIDAVIT – PARTICIPANT

I, _____, swear/affirm that I earned _____ clock hours for actual attendance at this in-service. I am not applying for college/university credit for this program. Also, I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that the intentional misrepresentation of a material fact in this form would represent dishonesty, and thereby a violation of Board Policy 5281 and Teamsters III CBA Section 11.2 I understand that I should keep a copy of this form for personal record keeping and tracking pursuant to the Paraeducator Certificate Program in Highline Public Schools.

_____ Original Signature of Participant _____ Date

SECTION IV – INSERVICE PROVIDER - VERIFICATION

When signed by the Professional Development Office, this form serves as a transcript or letter documenting eligible credits as required for certification purposes per [Chapter 28A.413 RCW](#) and [WAC 179](#).

_____ Original Signature of Professional Development Provider _____ Date