



### Non-Traditional SCECH Form

Non-traditional SCECHs can be obtained from completing up to 25 hours of District or School Committee work, mentoring a new teacher, and Supervising a Pre-student teacher. Participants can earn up to 25 SCECHs for the school year. Please see WPS Non-traditional SCHECH Program Requirements for additional information. Please complete this form and have the appropriate parties sign and date it. Send the completed forms and all necessary documentation to the Instruction and Assessment Coordinator by June 16<sup>th</sup>. Keep a copy for your records. **Any documents received after the deadline will be returned without SCECHs being awarded.**

**Please Complete this section.**

Name	
Email	PIC
Name of School <b>District</b> and <b>Building</b> Where Assigned	

\*\*\*\*\*

**Complete this section to receive SCECHs for School/District Committee work.**

Name of Committee	
Number of Meetings Scheduled	Number of Meetings Attended
Beginning Date of School Committees	Completion Date of School Committees
Total Hours Complete	

I certify the criteria to receive SCECHs for the above activity have been met.

*Chairperson Signature*

Date

\_\_\_\_\_

\_\_\_\_\_

*Chairperson Name (Please print)*

\_\_\_\_\_

WYANDOTTE PUBLIC SCHOOLS

\*\*\*\*\*

**Complete this section for Mentoring a new Teacher/Counselor/Administrator or for Supervision of Student Teacher, Counselor, Psychologist/Intern, including a pre-teaching, mid-tier student, pre-service student.**

Please select one:

- Supervising/cooperating teacher
- Supervising school counselor
- Supervising school psychologist
- Mentoring new teacher, counselor, or administrator

Name of Assignee	Assignee Date of Hire with District (Complete for Mentoring)
Beginning Date of Professional Activity	Completion Date of Professional Activity
Total Hours Complete	

I certify the criteria to receive SCECHs for the above activity have been met and the required documentation including an EVALUATION and CONTACT LOG has been reviewed and is attached to this form.

Building Principal or District Superintendent Signature

Date

\_\_\_\_\_

\*\*\*\*\*

After submission of this verification form, your SCECHs will be uploaded to the Michigan Online Educator Certification System (MOECS) and awarded after completion of a common evaluation.	
Total hours in the amount of _____ are being submitted for SCECHs for the above activities.	
Participant Signature	Date
_____	_____