



State Continuing Education Clock Hours (SCECHs) Participation Verification Form and Log Student Teacher Supervision

Lead Teacher Supervisor

Name: _____

School: _____

Email: _____

Personal Identification Code (PIC)#: _____

Name of Student Teacher: _____

Last Date of Student Teaching Supervision: _____

Total # of Hours submitted (cannot exceed 40): _____

NOTE: SCECHs earned will be based on the number of hours involved in the Student Teacher Supervision role. The meetings need to follow the guidelines for [Professional Development that qualify under Michigan legislation 380.1527](#)

I understand the criteria to receive SCECHs for the above activity has been met and that the required documentation is included on the attached log.

Lead Teacher Supervisor Signature: _____ Date: _____

Building Administrator Signature: _____ Date: _____



LOG of Hours

| <u>DATE</u> | <u># of hours</u> <u>Topic discussed</u> |
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| <u>DATE</u> | <u># of hours</u> <u>Topic discussed</u> |
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