

**KENNEWICK SCHOOL DISTRICT
COURSE APPROVAL FORM
(Required for Salary Advancement)**

Name _____ Bldg _____ Employee # _____

Assignment _____ Date _____

Date you requested transcript be sent to Human Resources _____

Credits earned after 9-1-95 must meet criteria established by the 1995 legislature before they can be used for placement on LEAP salary allocation documents.

Approval is requested for the following academic, in service or clock hour course:

| Date | Course Title or Description | # of Clock Hours or Credits | Approved Provider |
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10 Clock hrs.=1 qtr. hr.

Semester Credit x 1.5 = Quarter Credit

Content of the above course(s) meets the following criteria: **(Check only those which are applicable)**

- _____ 1. Consistent with a school-based plan for mastery of student learning goals, as referenced in RCW 28A.655.110, the annual school performance report for the school where you are assigned;
- _____ 2. Pertains to current assignment or expected assignment for the next school year;
- _____ 3. Necessary for obtaining an endorsement as prescribed by the Professional Educator Standards Board;
- _____ 4. Specifically required for obtaining advanced levels of certification or maintaining certificate;
- _____ 5. Included in a College/University degree program pertaining to current assignment or potential future assignment as a certification instructional staff;
- _____ 6. Addresses researched-based assessment and instructional strategies for students with dyslexia, dysgraphia, and language disabilities when addressing learning goal one under RCW 28A.150.210, as applicable and appropriate for individual certificated instructional staff.
- _____ 7. Beginning in the 2011-12 school year, it pertains to the revised teacher evaluation system under RCW 28A.405.100, including the professional development training provided in RCW 28A.405.106.

Send only clock hour forms signed by the facilitator and course approval forms signed by your supervisor.
DO NOT SEND CHECKS OR RECEIPTS to Human Resource.

Building Principal _____ Approved ___Y ___N