ABERDEEN SCHOOL DISTRICT NO. 5
216 North G Street
Aberdeen, Washington 98520

Course Approval Form

For Certificated Employees Only

Name_____________________________________ Position _____________________________ Building ___________________________

Instructions:
1. In the table below, enter the requested information about each course. Use the list of criteria below to determine which number to put in the last column. Additional sheets listing more courses may be attached to this certification.
2. You must attach **official transcripts** as required by WAC 392-121-280 along with this form.
3. Deliver this form to Human Resources, Attn: Lindsey Williamson.

Date Earned	Institution/Provider	Course No.	Course Title	Clock Hours/ Credits Earned	Criteria

According to WAC 392-121-280, credits or clock hours earned after September 1, 1995, shall be counted for salary purposes only if the content of the course meets one or more of the following criteria. You may attach brochures/information describing course.

1. It is consistent with a school-based plan for mastery of student learning goals as referenced in RCW 28A.655.110, the annual performance report, for the school in which the individual is assigned.
2. It pertains to the individual's current assignment or expected assignment for the following year.
3. It is necessary for obtaining an endorsement as prescribed by the State Board of Education.
4. It is specifically required for obtaining advanced levels of certification.
5. It is included in a degree program that pertains to the individual's current assignment, or potential future assignment as agreed upon by school district and the individual.
6. It addresses research-based assessment and instructional strategies for students with learning disabilities when addressing learning goal one under RCW 28A.150.210.
7. It pertains to the revised teacher evaluation system under RCW 28A.405.100, including professional development training provided in RCW 28A.405.106.

____ _____________________________________
Signature Date

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ADMINISTRATION:

______Approved

______Disapproved

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Signature Date

Reason for disapproval: ____

White copy: Human Resources *Yellow copy: Employee* *Revised 01/2020*