



Teaching and Learning Services
1601 Avenue D
Snohomish, Washington 98290
Telephone 360.563-7257
Fax 360.563-3461

OUT-OF-DISTRICT or OUT-OF-STATE CLOCK HOURS

Snohomish School District may award clock hours for professional development events or classes attended outside of the district or out-of-state, provided the following are in place:

- 1) A clock hour proposal form (Appendix A) is submitted to Teaching and Learning Services at least one week prior to the scheduled professional development event or class. The instructor's curriculum vitae (Appendix D) or resumé must be attached to the proposal form. The proposal will then be sent to the Clock Hour Committee for approval.
- 2) The content of the class meets criteria established by legislature, which are listed on the clock hour proposal form.
- 3) Attendees submit a clock hour verification form (Appendix B) and an evaluation form (Appendix C) to Teaching and Learning Services no later than three weeks after the event. Clock hours will not be recorded unless the participant turns in a completed clock hour verification form.
- 4) For clock hours to be documented in a staff personnel file for salary advancement, the principal/supervisor must sign the clock hour verification form (not necessary for in-district clock hours).
- 5) **Out -of-state clock hours count towards certificate renewal requirements. However, they do NOT count towards salary placement. If you have any questions about clock hours for salary placement purposes, please contact Joleen Snider of HR at ext. 7352.**

Teaching and Learning Services may consider late clock hour forms for a pre-approved class up to, but no later than, 24 months after the class was taken and clock hours were granted.

Late clock hour forms turned in after the professional development event has concluded will only be considered if the above parameters are met and all required documentation is turned in. A brief, written explanation of the circumstances attributing to the delay would be helpful.



**Snohomish School District
Teaching & Learning Department
Out-Of-District or Out-of-State Clock Hour
Proposal Form**

The following information must be submitted to **Teaching and Learning Services** no later than **one week prior to start of class** in order to register the event for WA State Clock Hours.

- I. Contact Name:** _____ **Organization/Phone:** _____
- II. Title of Course:** _____
- III. Instructor Name:** _____
- IV. Location/Site:** _____
- V. Workshop Content:** _____ **STEM** Check all that apply:

The intent of RCW 28A.410.2212 is to ensure students have exposure to meaningful STEM activities and experiences that model the integration of science, technology, math, and engineering. In order to be considered an authentic integration, **at least 2** of the 4 STEM components need to be incorporated. Providers of STEM-related continuing education should design workshops/course offerings to ensure educators will meet the renewal requirement by answering "YES" to the following questions.

- Science**
- Technology**
- Engineering**
- Math**
- Does not apply**

1. Will the STEM activity have an impact on STEM experiences for students?
2. Does the STEM activity provide examples or resources to use with students or with other educators?
3. Does the STEM activity provide examples or resources about STEM-related career choices to use with students?

Please refer to the following criteria to indicate class rationale.

This program satisfies the criteria as stated in WAC 392-121-262 for credits earned toward salary increments only if the content of the course meets one of the following:

1. *It is consistent with a school-based plan for mastery of student learning goals as referenced in RCW 28A.320.205, the annual school 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 school year.*
3. *It is necessary for obtaining 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 college or university degree program that pertains to the individual's current assignment or potential future assignment as a certificated instructional staff of the school district, where the potential of the future assignment is agreed upon by the school district and the individual.*

Meets criteria #(s) _____ Select from 1-5 above

VI. Class Rationale:

Include the relationship to district and building goals, needs assessment(s), STEM, etc.

VII. Course Objectives:

Please summarize the objectives of this course of study.



CLOCK HOUR VERIFICATION FORM
OUT-OF-DISTRICT or OUT-OF-STATE
1601 Ave. D
Snohomish, WA 98290
360-563-7257

Instructions:

Please print legibly using a black or blue pen. Complete sections 1-3. The number of completed hours needs to be entered in both Sections 2 and 3. You may apply for the number of hours that you attend a workshop or in-service. A minimum of 3 hours attendance is required.

Name, school/work site, date of birth and certificate number must be filled in. An incomplete form may result in a processing delay.

Section 1: Personal Information

If you are a Snohomish School District Employee, please check the category that applies to you:

- Certificated Staff
Certificated Coach
Certificated Substitute
Other (specify)

Name:
Date of Birth:
Home Address & Phone (if not Snohomish School District Staff)
School or Site (for in-district mail delivery):
WA State Certificate No.
Street
City/State/Zip
Phone

Section 2: Clock Hour/Course Completion Verification

(Please use exact course title and instructor as they appear on the attendance form)

Title of Course:
Instructor:
First Date of Course:
Total Hours Offered:
Course #:
Last Date of Course:
Total Hours Completed:

(Do not make changes to clock hours offered)

(Minimum of 3 hours attendance required)

For Certificated Staff: This program satisfies the criteria as stated in WAS 392-121-262 for credits earned toward salary increments only if the content of the course meets one of the following:

- 1. It is consistent with a school-based plan for mastery of student learning goals as referenced in RCW 28A.320.205, the annual school 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 school year.
3. It is necessary for obtaining 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 college or university degree program that pertains to the individual's current assignment or potential future assignment as a certificated instructional staff of the school district, where the potential of the future assignment is agreed upon by the school district and the individual.

Meets criteria #(s) (Select from 1-5 above)

Section 3: Affidavit (must be completed by participant to receive clock hours)

For ALL participants: I swear/affirm that I earned clock hours for actual attendance at this in-service. I affirm that I am not applying for college credit(s) for this course. I certify, or declare, under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

Signature of Participant:
Date:
Instructor Signature:
Date:



**Snohomish School District
Professional Development Evaluation**

Title: _____
Instructor(s): _____

Course #: _____

Please use the rating scale as follows: 4 – Exceeds expectations 3 – Meets expectations 2 - Inconsistent 1 - Not Evident

Instructional Criteria

Circle the Rating

- | | |
|--|---------|
| 1. Were you welcomed in a friendly manner? | 4 3 2 1 |
| 2. Was there a clear purpose for this workshop/learning opportunity? | 4 3 2 1 |
| 3. How will learning from today be used in your work with students? | |

- | | |
|--|---------|
| 4. Did you have time to ask questions and clarify your thinking? | 4 3 2 1 |
| 5. Were there opportunities for meaningful communication and collaboration? | 4 3 2 1 |
| 6. Did the instructor(s) model appropriate formative assessment strategies? | 4 3 2 1 |
| 7. Did you have an opportunity to receive feedback or participate in a personal reflection? | 4 3 2 1 |
| 8. Was the content of this PD meaningful and relevant to your professional growth? | 4 3 2 1 |
| 9. Did the instructor(s) provide resources or follow-up opportunities for further learning? Yes No | |
| 10. Is there anything else you would like the instructor(s) to know? | |

11. Do you have any comments or suggestions regarding the learning environment?

CURRICULUM VITAE FORM

Continuing Education Program Presenter

(The presenter's resumé may be attached in lieu of a curriculum vitae.)

I. Name: _____ **Home Phone:** _____

II. Home Address: _____
Street City State Zip

III. Current Employer: _____ **Position:** _____

IV. Work Address: _____
Street City State Zip

V. Professional experience and activities:

Indicate academic and/or professional experience which specifically qualifies you to conduct the in-service education program; e.g., expertise in a particular subject, field or occupation.

VI. Professional Memberships:

VII. References:

Please include phone numbers.

Once submitted, this document will remain on file for 7 years with the recordkeeping agency.