Name: _____   File Folder #: _____

This explanation sheet is designed to provide additional information to the Relicensure Committee about how particular activities meet relicensure requirements. Complete boxes below only for clock hour activities requiring further explanation or description than what is provided on the activity certificate/documentation. *Not all activities may require an explanation.*

On the Master Record Form, indicate which activities have accompanying explanations on this sheet.

Clock Hour Activity Title: *Children's Mental Health*

Clock Hour Activity Date(s): *1/1/11*

Clock Hours Requested for Activity: *4*

Activity Met Requirement For: ☐ Licensure Area   ☑ Mental Health   ☐ Standards
                               ☐ Positive Behavior   ☐ Reading   ☐ Technology   ☐ Other Hours

Explanation/Description of Activity: *During this workshop, the presenter gave an overview of mental illnesses affecting children and adolescents. We learned about the key warning signs of early onset mental illnesses.*

EXAMPLE

Clock Hour Activity Title: _____

Clock Hour Activity Date(s): _____

Clock Hours Requested for Activity: _____

Activity Met Requirement For: ☐ Licensure Area   ☐ Mental Health   ☐ Standards
                               ☐ Positive Behavior   ☐ Reading   ☐ Technology   ☐ Other Hours

Explanation/Description of Activity: _____

_____

_____

_____

_____

Clock Hour Activity Title: _____

Clock Hour Activity Date(s): _____

Clock Hours Requested for Activity: _____

Activity Met Requirement For: ☐ Licensure Area ☐ Mental Health ☐ Standards
☐ Positive Behavior ☐ Reading ☐ Technology ☐ Other Hours

Explanation/Description of Activity: _____

_____

_____

_____

_____

Clock Hour Activity Title: _____

Clock Hour Activity Date(s): _____

Clock Hours Requested for Activity: _____

Activity Met Requirement For: ☐ Licensure Area ☐ Mental Health ☐ Standards
☐ Positive Behavior ☐ Reading ☐ Technology ☐ Other Hours

Explanation/Description of Activity: _____

_____

_____

_____

_____

Clock Hour Activity Title: _____

Clock Hour Activity Date(s): _____

Clock Hours Requested for Activity: _____

Activity Met Requirement For: ☐ Licensure Area ☐ Mental Health ☐ Standards
☐ Positive Behavior ☐ Reading ☐ Technology ☐ Other Hours

Explanation/Description of Activity: _____

_____

_____

_____

_____