



INTERNATIONAL SCHOOLS RELICENSURE COMMITTEE

SINGLE LICENSE FORM

Name: _____ File Folder #: _____

Tier: _____ Area of Licensure: _____ License Exp. Date: _____

* Make copies of this form as necessary. Clock hour documentation should be organized according to the order in which it is recorded on this form.

Mark if activity has accompanying explanation on Clock Hour/Activity Extension Sheet	Activity Date(s)	Title/Description	Mental Health	Suicide Prevention	Positive Behavior Intervention	Reading Preparation	English Learner Needs	Accommodation, Modification of Curriculum, etc.	Cultural Competency	American Indian Heritage & Culture	Other Hours (Tier 3 - 75hrs, Tier 4 - 125 hrs)	Clock Hours Granted for this Activity
✓	1/1/11	Children's Mental Health	4									
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OFFICE USE ONLY:
 Committee Member Initials: _____ Date: _____