

**DIERINGER SCHOOL DISTRICT #343**  
**Continuing Education Clock Hour Credit**  
**INSERVICE REGISTRATION**

This form must be retained by the individual as verification of attendance. DO NOT USE THIS FORM IF YOU WILL RECEIVE COLLEGE CREDIT FOR THIS INSERVICE PROGRAM. PLEASE PRINT AND USE PEN ONLY.

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**INFORMATION — PARTICIPANT**

|                                              |                                   |                               |                                                                              |
|----------------------------------------------|-----------------------------------|-------------------------------|------------------------------------------------------------------------------|
| Legal Name (Last, First, Middle)             |                                   | Maiden or Former Name         |                                                                              |
| Date of Birth (m/d/y)                        | Social Security Number (optional) | Washington Certificate Number | Optional<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male |
| Home Address (Street, City, State, Zip Code) |                                   |                               | Home Phone Number<br>(    )                                                  |
| School Name & Current School Assignment      |                                   |                               | Work Phone Number<br>(    )                                                  |

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**INSERVICE PROVIDER — CLOCK HOURS**

|                                                                                                     |                                                         |                                                         |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| Title of Inservice Offering/Instructor                                                              |                                                         | Course #                                                |
| Course Location                                                                                     | First Day of Inservice                                  | Last Day of Inservice                                   |
| Total Number of Clock Hours Available for Inservice Offering                                        | STEM Clock Hours - _____ hour(s)<br>YES [ ]      NO [ ] | Equity Clock Hours _____ hour(s)<br>YES [ ]      NO [ ] |
| Sponsoring Provider Name (Agency Granting Clock Hours)<br><b>Dieringer School District</b>          |                                                         | Business Telephone No.<br><b>253-862-2537</b>           |
| Provider Address (Street, City, State, Zip Code)<br><b>1320 178th Ave. E., Lake Tapps, WA 98391</b> |                                                         |                                                         |
| Sponsoring Provider Inservice Contact Person<br><b>Paula Dawson</b>                                 |                                                         | Telephone No.<br><b>253-862-2537</b>                    |

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**AFFIDAVIT — PARTICIPANT**

I, \_\_\_\_\_ swear/affirm that I earned \_\_\_\_\_ clock hours for actual attendance of this inservice. I am not applying for college credit for this program. Also, I, \_\_\_\_\_ certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The intentional misrepresentation of a material fact in this form subjects the holder to revocation of his/her certificate pursuant to Chapter 180-85 WAC. This form should be retained by the holder for possible dispute (WAC 180-85-085).

|                                                                    |                                |      |
|--------------------------------------------------------------------|--------------------------------|------|
| Original Signature of Participant                                  | School                         | Date |
| <b>Criteria #2</b>                                                 |                                |      |
| If submitting a copy, please sign copy with an original signature. | Applicable Criteria (see back) |      |

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**INSERVICE PROVIDER — VERIFICATION**

When signed by the approved Inservice Provider, this form serves as a transcript or letter documenting eligible credits as required for salary purposes by WAC 392-121-280 (2).

|                                                      |      |
|------------------------------------------------------|------|
| Original Signature of Inservice Provider or Designee | Date |
|------------------------------------------------------|------|

*You will receive a copy of this completed, signed form for your records. (0ver)*

## DIERINGER SCHOOL DISTRICT

### Application for Approval of Credits and Clock Hours for Salary Increments

State Defined Criteria: In compliance with Engrossed Substitute House Bill 1410, Chapter 18, Laws of 1995 and WAC 392-121-262, the credits earned by certificated instructional staff after September 1, 1995, shall be counted toward allocations only if the content of the course meets any one of the following:

(These criteria are in addition to those in WAC 392-121-255, 257, 259, and 280.)

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.
  - *Indicate the specific component of the plan; or*
2. It pertains to the individual's **current assignment or expected assignment** for the following school year.
  - *Expected assignment must be documented by the principal and approved by the personnel office; or*
3. It is necessary for **obtaining endorsement** as prescribed by the State Board of Education.
  - *Describe the specific endorsement and appropriate essential area of study for which you are currently working.*
  - *Submit a signed 'Affidavit of Endorsement Intent.'*
  - *Must obtain a 'C' grade or 'Pass'; or*
4. It is specifically required for **obtaining advanced levels of certification**.
  - *Please describe the advanced level of certification you are working toward: (Credits in this category cannot be applied toward the initial teaching certificate renewal or maintenance of a certificate.)*
  - *Submit a signed 'Affidavit of Advanced Certification Intent'; or*
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.
  - *Include a description of the degree program in which you are enrolled and a copy of your degree program acceptance letter.*
  - *Submit a signed 'Affidavit of Degree Intent.'*

Fill out reverse side

# STAFF DEVELOPMENT CLASS EVALUATION FORM

Workshop/Class Title:

Date:

Instructor:

Location:

Please check the appropriate space(s) in each column below, identifying your position, instructional level, years of experience and school.

| POSITION                                       | INSTRUCTIONAL LEVEL                   |
|------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Administrator         | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Counselor             | <input type="checkbox"/> Grades 1-3   |
| <input type="checkbox"/> Nurse                 | <input type="checkbox"/> Grades 4-6   |
| <input type="checkbox"/> Teacher               | <input type="checkbox"/> Grades 7-8   |
| <input type="checkbox"/> Educational Assistant |                                       |
| <input type="checkbox"/> Bus Driver            |                                       |
| <input type="checkbox"/> Secretary             |                                       |
| <input type="checkbox"/> Custodian             |                                       |
| <input type="checkbox"/> Food Service          |                                       |

Please respond to the statements below by checking the appropriate box:

|                                                            | Strongly agree           | Agree                    | Disagree                 | Strongly Disagree        |
|------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The program had adequate, clearly identifiable goals    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. This program met my expectations in terms of its goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Its' been of value to me in my professional duties.     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The physical facilities were suitable for activities.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The instructor was effective.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I would recommend this program for my colleagues.       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Strengths                                     | Weaknesses |
|-----------------------------------------------|------------|
|                                               |            |
| Recommendations for future in-service classes |            |
|                                               |            |