

**Official Verification Form for Continuing Ed. Clock Hours offered locally at
LAKEVIEW during the 2025-2026 year**

Name: _____ Date of form submission: _____

- Place a check mark in front of all in-services you attended
- Indicate Total Clock Hours requested for each section (in the text boxes).
- Submit form to Traci Olson (*no deadline for form submission other than staying within your 5-year license renewal time frame*)

PLC Meetings

____ 14 PLC meetings **17.5 hours** Total _____

PLC Leader Meetings

____ 10 PLC leader meetings **7.5 hours** Total _____

Mentoring Program

Mentors and Mentees:

____ Aug 5 **8 hours**
____ Aug 6 **4 hours**
____ 10 Mentor meetings **10 hours** Total _____

Q Comp Council Meetings

____ 10 Q Comp Council Meetings **10 hours** Total _____

Other inhouse meetings

____ Blood Borne Pathogens/Right to Know **3 hours** Total _____
____ Dan Hovland Jan. 2 - **PBIS CEU Credit**
Student Engagement/Managing Behavior Strategies **2 hours**

____ ADHD Amanda Wentland March 9 **2 hours**

Other

If there are any other LOCAL training activities that are not listed on this form please describe them below. Include description of experience, date, and hours being requested.
