

VERIFICATION OF PARTICIPATION IN**CTE CLUB COMPETITIONS AND ACTIVITIES OUTSIDE OF SCHOOL HOURS (SB 240)**

Name _____ EMPLOYEE ID # _____

School/Position _____

Type and Title of CTE Club Event or Activity _____

Date(s) of CTE Club Event or Activity _____

Place(s) of CTE Club Event or Activity _____

Number of Hours of Actual Participation in CTE Club Event/Activity (Exclude Lunch & Breaks) _____

List School Improvement Plan / Individual Professional Plan objectives to be met by this event or activity.
Explain how event or activity impacts learning outcomes.

What will you incorporate from participating in this event or activity that will serve to increase your effectiveness in improving student achievement?

Signed _____ Date _____
Participant

Approved/Denied _____ Date _____
CTE Coordinator/Designee

Approved/Denied _____ Date _____
Supervisor of Staff Development/Designee

Complete this form after attending a CTE club event or activity. Complete and submit within the school year that the event and/or activity occurred. Return to CTE Coordinator for review with supporting documentation to receive in-service points. Documents must include event registration, student rosters, practice schedules, etc. outside of the work day. If approved by CTE Coordinator, send submission packet to Staff Development for final review.

Posted By: _____ Date: _____ Comp.# 2211105