

APPLICATION STAFF DEVELOPMENT CREDIT CLAY COUNTY SCHOOLS

Name _____ Employee ID No. _____ Workplace _____

Complete each section of what is applicable for the staff development credit you are applying for.

SECTION I. COLLEGE COURSES — 6 hours staff development credit awarded for each 3 college hours.
(Attach verification - college grade, transcript, agenda, or conference registration forms, etc.)

COURSE NUMBER	COURSE TITLE & TERM (FALL, SPRING, SUMMER)	INSTITUTION	CLASS LOCATION	INSTRUCTOR	COLLEGE HOURS EARNED

SECTION II. CONFERENCE, CLINIC, OR PROFESSIONAL MEETING – Can include satellite workshops, **professional reading**, attendance at LSIC meetings, or other activities that improve knowledge or skills related to instruction. (Attach verification as appropriate.)

TITLE	DESCRIPTION OF ACTIVITY AND LOCATION	DATE(S)	TIME	PRESENTER	STAFF DEV. HOURS REQUESTED

SECTION III. HOME VISITATION.

STUDENT NAME	LOCATION	REASON FOR VISIT	DATE	PARENT SIGNATURE

SECTION VI. OTHER – DESCRIBE (title, purpose/description, dates, times, hours, and attach verification).

Employee Signature _____ Current Date _____