

Colonial Heights Public Schools

REQUEST FOR RECERTIFICATION POINTS

This form should be used to request recertification points for a professional development activity.

Please submit to **Doris Swearingen, Instructional Services Secretary** at SAO.

NAME _____ SCHOOL/OFFICE _____

Name of Activity: _____

Please identify the type of professional development presented:

- Instructional strategies
- Effective use of data to improve
- Instructional technology
- Classroom management
- How to teach students with different needs
- Mentoring and induction
- Instructional coaching
- Peer-led PD activities
- PLC Activities
- School safety, trauma, mental health, alcohol/drug abuse prevention
- Family engagement
- Recognition/prevention of abuse
- Experiential learning
- Positive behavioral interventions
- Effective library programs
- Leadership
- Content Knowledge
- Other: _____

Number of Recertification **Points Requested:** _____

Typically, 1 hour is equivalent to 1 recertification point.

Please explain how your time was spent during the activity:

Number of Recertification **Points Awarded:** _____

Approval: _____
Jake Reynolds, Director of Assessment and Data

Please attach all supporting documents.