

SB-CEU PARTICIPANT VERIFICATION FORM FOR PARTICIPATION ON AN APPROVED MDE 2009/10 - SCHOOL COMMITTEE MEETING

This form should be completed for eligible participants to receive Michigan State Board-Continuing Education Units (MI SB-CEUs) for participation in the following activity: **Serving on a MDE 2009/10 – School Committee Meetings**

- Registrant must participate in $\frac{3}{4}$ of the scheduled meetings. (No less than six (6) meetings must be scheduled/held.)

The committee chair person is responsible for filing complete, original forms with GISD no later than June 30.

Required documentation:

- Top sheet indicating the **title of the committee (include district/building)** and a **list of all meeting dates**;
- Copies of **meeting agendas** for each scheduled meeting; and
- Sign-in sheets** from each meeting containing original signatures of all participants, or in lieu of sign in sheets, an attendance master, signed by committee chairperson or meeting minutes indicating participant attendance.
- Participant verification form(s)**, organized alphabetically, by last name.

Submit entire packet following last scheduled meeting to:

Tracy Valentine, GISD, 2413 W. Maple Avenue, Flint, MI 48507-3493

PRINT

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|-------------------------------------|---------------------------------------|
| NAME (First and Last) | EMAIL |
| DISTRICT WHERE EMPLOYED | NAME OF COMMITTEE |
| NUMBER OF MEETINGS SCHEDULED | NUMBER OF MEETINGS ATTENDED |
| DATE OF FIRST MEETING | DATE OF LAST MEETING FOR 09-10 |

Participant's Signature

Date

I certify the registrant above has attended $\frac{3}{4}$ of the scheduled meetings (no less than 6) to receive MI SB-CEUs for serving on a MDE 2009/10 School Committee.

Committee Chairperson's Signature

Date

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| Office Use Only: Genesee Intermediate School District SB-CEU Sponsor _____ SB-CEU Sponsoring Coordinators Signature | Program approval number will be available from the SCR following successful completion of the on-line evaluation. <div style="text-align: right; font-weight: bold; font-size: 1.2em;">3.0</div> _____ Number of SB-CEUs Awarded _____ Date |
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RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

You must complete the on-line program evaluation sent to you via email in order to be awarded your MI SB-CEUs for this program. If you do not receive an email referencing this program, contact GISD at: 810-591-4408