

SB-CEU PARTICIPANT VERIFICATION FORM FOR MDE Fall 2009 – SUPV. SCHOOL COUNSELOR/PSYCHOLOGIST

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: MDE Fall 2009 - Supervising School Counselor/Psychologist
Criteria:

- A supervising counselor/psychologist must provide documentation of being assigned to serve as a supervising counselor/school psychologist to the building principal along with an evaluation of the supervision process for the application period; and
- A supervising teacher must prepare and submit to the building principal and/or the teacher preparations institution's representative an evaluation of the school counselor's/psychologist's performance.

A completed copy of this form along with a copy of the evaluation must be filed with the MI SB-CEU sponsor no later than 30 days following the placement period.

PRINT

NAME (First and Last)	LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER
HOME ADDRESS	CITY ZIP
DISTRICT WHERE EMPLOYED	NAME OF SCHOOL WHERE ASSIGNED
NAME OF ASSIGNEE (School Counselor/Psychologist)	
BEGINNING DATE OF ASSIGNMENT	COMPLETION DATE OF ASSIGNMENT

CEU Applicant's Signature (Supervising School Psychologist/Counselor)

Date

I certify the criteria to receive MI SB-CEUs for MDE Fall 2009 – Supv. School Counselor/Psychologist have been met.

Building Principal's Signature

Date

Office Use Only:	
Genesee Intermediate School District	Program Approval Number will be provided on a transcript, by request, once participation has been verified by the MI SB-CEU Coordinator. 3.0
SB-CEU Sponsor	Program Approval Number Number of MI SB-CEUs
_____ SB-CEU Coordinator's Signature	_____ Date

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

An official transcript can be requested by contacting GISD's Office of Education and Learning at: 810-591-4408