

## SB-CEU PARTICIPANT VERIFICATION FORM FOR SERVING ON A MDE 2009 – PA 25 SCHOOL IMPROVEMENT TEAM

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 – PA 25 School Improvement Team.**

- Registrant must be an active member of the local or intermediate school board approved Public Act 25 School Improvement Team; and
- 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 ALL INFORMATION

<b>NAME (First and Last)</b>	<b>EMAIL ADDRESS</b>
<b>DISTRICT WHERE EMPLOYED</b>	<b>NAME OF SCHOOL WHERE ASSIGNED</b>
<b>NUMBER OF MEETINGS SCHEDULED</b>	<b>NUMBER OF MEETINGS ATTENDED – must be <math>\frac{3}{4}</math> of meetings scheduled</b>
<b>FIRST MEETING FOR 09-10</b>	<b>LAST MEETING FOR 09-10</b>

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

***I certify the criteria to receive SB-CEUs for serving on a MDE 2009 – PA 25 School Improvement Team have been met.***

\_\_\_\_\_  
**Committee Chairperson's Signature**

\_\_\_\_\_  
Date

GISD Office Use only  <b>Genesee Intermediate School District</b> <hr/> SB-CEU Sponsor  <hr/> SB-CEU Coordinator's Signature	Program Approval Number will be available from the SCR following successful completion of the on-line evaluation. <table style="width: 100%; border-top: 1px solid black; border-bottom: 1px solid black;"> <tr> <td style="width: 80%; text-align: right;">Program Approval Number</td> <td style="width: 20%; text-align: right;"><b>3.0</b></td> </tr> <tr> <td style="width: 80%; text-align: right;">Number of MI SB-CEUs</td> <td style="width: 20%;"></td> </tr> </table> Date	Program Approval Number	<b>3.0</b>	Number of MI SB-CEUs	
Program Approval Number	<b>3.0</b>				
Number of MI SB-CEUs					

**PARTICIPANTS 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