

## 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>LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER</b>
<b>HOME ADDRESS</b>	<b>CITY</b> <span style="float: right;"><b>ZIP</b></span>
<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 provided To participant, on a transcript once participation has been verified by MI SB-CEU Coordinator. <b>3.0</b> <hr/> Program Approval Number <span style="float: right;">Number of MI SB-CEUs</span> <hr/> Date
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**PARTICIPANTS 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.