# Lapeer County Intermediate School District

690 N. Lake Pleasant Road                  Attica, MI  48412                  Phone (810) 664-1124
FAX (810) 724-7600

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MEMO TO:   SCECH Applicants
FROM:         Dawn Mosher, SCECH Coordinator
SUBJECT:    Application Process and Attachments

Attached is the Program Application that will allow you to apply for State Continuing Education Clock Hours for professional development activities in your district, as well as relevant information and guidelines regarding the program.

Please note the following:

1. Program approval applications are due **45 days** before the first day of the activity.

2. Applications must be legible.

3. Program **agendas** must show the total **actual learning time**.   You cannot include breaks, introductions, or question and answer sessions as learning time.  Please show what learning activity will take place during the times listed on the agenda.  *Be as specific as possible.*

4. If a program is cancelled, you must notify this department in writing as soon as possible.  Be sure to state the reason for the cancellation.

5. If a program has a date change, you must complete the form titled Approved Offering Change Request as soon as possible.  Contact the SCECH Coordinator for a copy of the form.  This form needs to be submitted to the State Department of Education, along with a letter stating why the change was made.

The Lapeer County Intermediate School District will be held in non-compliance if programs are canceled or date changes have been made without notification.

Please call me if you have any questions.   Thank you for your assistance and accuracy in completing these steps for SCECH approval.


```
        What will be your preferred method of attendance keeping:
```

# State Continuing Education Clock Hours (SCECH) Program Application

SCECH program applications are only to be submitted by a SCECH coordinator through the Michigan Online Educator Certification System (MOECS). This form is designed as a template to send information to the coordinator if needed.

**Red asterisk ( \* ) designates a Required field.**

| Program Application Number: | *Coordinator Use Only* | Approval Number: | *Coordinator Use Only* |
|---|---|---|---|
| **Date Submitted to Coordinator:** | | | |

| New Program? | | Update to an existing program?  Approval number: | |
|---|---|---|---|

## Application Details

| *Program Title: | |
|---|---|

**Program title should be unique and distinctive.  *Maximum of 80 characters/spaces.***

| *Program Format: | | *Display in Catalog? | | At Sponsor location: | |
|---|---|---|---|---|---|

| *Location of Meeting: | |
|---|---|

| *Address: | |
|---|---|

| *City/State/Zip: | |
|---|---|

| *Program Category** | |
|---|---|

****Category MUST be School Counseling for programs offering hours in College, Career, or Military areas.**

| *Course Narrative: | |
|---|---|

| *Prerequisites/Restrictions: | |
|---|---|
| (Class or program that must be completed before this program)/(Program restricted to specific school/teaching subject/grade level) Please label responses when other than none. | |
| *Attendance Method / Internal Notes: | |
| *Technical Specifications for Virtual/Online Programs | |
| *Participation Fee: | | (Total amount required from participants to attend and earn SCECHs.  If amount varies, state variations in Course Narrative) |

| Maximum Contact Hours for Complete Program: | |
|---|---|

- **MOECS allows values starting at two (2) decimal places in quarter hour increments.(ex.1.25)**
- **All programs will offer a range of hours with the minimum at zero "0"**

**Sponsors have the authority to award or deny partial hours for a program.   Sponsors will be required to make the decision on a program-by-program basis as to how the hours are awarded.  How do you wish the attendance requirements for this program to be:**

☐ **Participants must attend all of the program to receive any hours;     or**
☐ **Participants can earn the hours they attend without participating in the complete program.**

**If the program is for School Counselor Category per (MCL 380.1233), separate the hours by content area:**

| Maximum **General** School Counselor Hours: | |
|---|---|
| Maximum **College** Preparation School Counselor Hours: | |
| Maximum **Career** Exploration School Counselor Hours: | |
| Maximum **Military** Options School Counselor Hours: | |

- **School Counseling programs - Hours must be offered in at least one (1) type of school counselor area. Leave the areas blank where no hours are being offered.**

| *Program Descriptors: | *1) | | 2) | |
|---|---|---|---|---|

| IACET Program? | | *Required Document File Name: | |
|---|---|---|---|

| Program Type | Documentation Attachment Required |
|---|---|
| Internet/Web Based Programs | Topic Description/Schedule |
| College Conversion | College Verification Letter |
| IACET Programs | Original Certificate |
| Military Training | Training order |
| Individual Professional Activities | Responses to Questions |
| National Board for Professional Teaching Standards | NB SCECH Rules |
| Accreditation Review/Site Visit Accreditation Team | Schedule/Visit log |
| State Board Appointed Advisory Committee | Meeting agendas |

## Program Details

How many times will the complete program be offered? [ ]  **(This number will indicate how many Offering lines you use below)**

| Program Offered | *Start Date | *End Date | *County |
|---|---|---|---|
| Offering 1 | | | |
| Offering 2 | | | |
| Offering 3 | | | |
| Offering 4 | | | |
| (attach more if needed) | | | |

## Contact Details

| College Conversion: | | College Name: | |
|---|---|---|---|
| College Contact Phone: | | College Credits Offered: | |

## Program Contact

| *Program Contact Name: | |
|---|---|
| *Program Contact Phone: | |
| *Program Contact Email: | |
| Program Website: | |
| Contact Signature(s) | |
| Originating District: | |

## Sponsor Information

| Program Sponsor: | |
|---|---|
| Coordinator: | |
| Assistant Coordinator: | |

## Information about your program:

| What are the learning outcomes and objectives for your program?  Please provide information on what participants will be able to do as a result of attending, and the overall purpose of the program. |
| --- |
|  |

## Evaluation Questions

You have the option to include extra questions to the online Participant Evaluation.  Additional questions?  We encourage program specific questions.  These *(up to five)* can be in any format and added to the standard online evaluation.

**Standard questions for every program:**

1. Describe two (2) ways you could apply this new knowledge or skill in your role as an educator.

2. Please provide feedback to the facilitator or sponsor regarding the program's structure, content, delivery, or any other comments you would like to share with the facilitator.

| Extra questions to add: | |
| --- | --- |
| Question Type | |
| Question | |
| Answers if multiple choice: | |
| Question Type | |
| Question | |
| Answers if multiple choice: | |
| Question Type | |
| Question | |
| Answers if multiple choice: | |
| Question Type | |
| Question | |
| Answers if multiple choice: | |
| Question Type | |
| Question | |
| Answers if multiple choice: | |

| Presenter Information (Copy as needed) | |
| --- | --- |
| Presenter Name: | |
| Presenter Title: | |
| Company/Institution: | |
| Expertise/Qualifications related to program/training: | |
| | |
| Presenter Name: | |
| Presenter Title: | |
| Company/Institution: | |
| Expertise/Qualifications related to program/training: | |
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| Presenter Name: | |
| Presenter Title: | |
| Company/Institution: | |
| Expertise/Qualifications related to program/training: | |
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| Presenter Name: | |
| Presenter Title: | |
| Company/Institution: | |
| Expertise/Qualifications related to program/training: | |
| | |
| Presenter Name: | |
| Presenter Title: | |
| Company/Institution: | |
| Expertise/Qualifications related to program/training: | |
| | |

PLEASE COMPLETE THE ENTIRE FORM

**Attach the program agenda or required documentation to this application, then submit it to your local SCECH Sponsor's Coordinator.**

# Category List

Adult Education
Agricultural Education
Agriscience and Natural Resources
Art Education
Bilingual Education
Business Education
Career and Technical Education
Committee/Review Team
Communication Arts
Computer Science/Technology
Curriculum Development (Non-Content)
Early Childhood
Educational Technology
Elementary Level (Grades PreK-5)
English
English as a Second Language
Environmental Studies
Family and Consumer Sciences
Fine Arts
Foreign Language
General Studies
Gifted/Talented
Guidance & Counseling
Health/Recreation/Physical Education
Home Economics
Humanities
Industrial Technology
Language Arts
Leadership Skills (Non-Content)
Library Media
Management/Supervision Skills (Non-Content)
Mathematics
Mentor Teacher/Principal
Middle School Level (Grades 6-8)
Miscellaneous (Non-Content Area)

Multi-Age
Multicultural Skills (Non-Content)
Music Education
National Board Certification
New Administrator Mentor (Non-Content)
New School Counselor Mentor (Non-Content)
New School Psychologist Mentor (Non-Content)
New Teacher Mentor (Non-Content)
On-Line Courses
PA 25 School Improvement Team
Parent and/or Community Relations (Non-Content)
School Administration (Non-Content)
School Committee
School Improvement (Non-Content)
Science
Secondary School Level (Grades 9-12)
Social Science
Social Studies
Special Education
State Policy, Rules & Procedures (Non-Content)
Supervising School Counselor (Non-Content)
Supervising School Psychologist (Non-Content)
Supervising Teacher/Sch Psychologists/Counselors
Supervising/Cooperating Teacher (Non-Content)
Technology and Design
Visual Arts
Vocational Agriscience and Natural Resources
Vocational Education
Vocational Health Sciences
Vocational Human Services
World Language and Culture
Writing

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# Content Areas

| | | | |
|---|---|---|---|
| 067 | Accounting | 007 | Drama |
| 238 | Accreditation Review/Site Visit Team | 100 | Driver and Safety Education |
| 239 | Administrator/Principal--Mentoring | 105 | Early Childhood Education |
| 109 | Adult Education | 029 | Earth/Space Science |
| 202 | Adult Learning Styles | 011 | Economics |
| 406 | Advanced Placement | 346 | Educational Technology |
| 055 | Agriscience and Natural Resources | 106 | Elementary |
| 226 | AIDS Education | 079 | Emotional Impairment |
| 408 | Alternative Education | 002 | English |
| 017 | Anthropology | 050 | English as Second Language |
| 043 | Arabic (Modern Standard) | 102 | Environmental Studies |
| 348 | Art Education | 058 | Family and Consumer Sciences |
| 030 | Astronomy | 059 | Fine Arts |
| 083 | Autism Spectrum Disorder | 036 | French |
| 410 | Autism/ADD/ADHD | 012 | Geography |
| 204 | Behavior Management Styles | 037 | German |
| 019 | Behavioral Studies | 088 | Gifted/Talented |
| 302 | Bilingual Arabic | 405 | Grade Level |
| 304 | Bilingual Chaldean | 396 | Greek |
| 306 | Bilingual Chinese | 354 | Guidance and Counseling |
| 300 | Bilingual Education | 060 | Health |
| 308 | Bilingual Filipino | 355 | Health, Physical Education, Recreation & Dance |
| 310 | Bilingual French | | |
| 312 | Bilingual German | 081 | Hearing Impairment |
| 314 | Bilingual Greek | 398 | Hebrew |
| 316 | Bilingual Hebrew | 420 | High School Reform |
| 318 | Bilingual Italian | 013 | History |
| 320 | Bilingual Japanese | 422 | Homeless |
| 322 | Bilingual Korean | 231 | Human Development/Socialization of |
| 324 | Bilingual Other | 356 | Humanities |
| 326 | Bilingual Polish | 235 | IACET Authorized Training |
| 328 | Bilingual Russian | 086 | Inclusion |
| 330 | Bilingual Servo-Croatian/Bosnian | 056 | Industrial Technology |
| 332 | Bilingual Spanish | 208 | Instruction Theory/Methods |
| 334 | Bilingual Vietnamese | 364 | Integrated Science |
| 026 | Biology | 209 | Issues Management |
| 203 | Brain Development Theories | 400 | Italian |
| 068 | Business Administration | 041 | Japanese |
| 066 | Business Education | 003 | Journalism |
| 336 | Business, Management, Marketing & Technology | 001 | Language Arts |
| | | 038 | Latin |
| 340 | Career and Technical Education | 218 | Leadership Skills |
| 225 | Career Counseling for Students | 082 | Learning Disabilities |
| 042 | Chaldean | 210 | Learning Styles |
| 027 | Chemistry | 101 | Library Media |
| 219 | Child Psychology | 201 | Management/Supervision Skills |
| 394 | Chinese (Mandarin) | 070 | Marketing Education |
| 076 | Cognitive Impairment | 035 | Mathematics |
| 344 | Communication Arts | 065 | MDE Comprehensive Health Program |
| 205 | Communication Skills | 223 | Media Utilization |
| 103 | Computer Science | 229 | Mentor Training Program |
| 018 | Cultural Studies | 107 | Middle School/Junior High School |
| 222 | Curriculum Development | 234 | Miscellaneous Content/Non-Content |
| 063 | Dance | 428 | Multi-Age |
| 206 | Discipline in the Classroom | 217 | Multicultural Education |

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## Content Areas continued:

057 Music Education
236 MVU Authorized Training
362 National Board Certification
432 No Child Left Behind
402 Other
051 Other Bilingual
221 Outdoor Education
212 Parent/Community Relations
230 Personnel Hiring or Evaluation
358 Philosophy
061 Physical Education
084 Physical Education for Students with Disabilities
078 Physical or Other Health Impairment
366 Physical Science
028 Physics
404 Polish
014 Political Science
434 Poverty
436 Professional Learning Communities
015 Psychology
005 Reading
062 Recreation
040 Russian
200 School Administration
440 School Committee
242 School Counselor--Mentoring
240 School Counselor--Supervising
214 School Improvement
442 School Improvement Committee (PA 25)
244 School Psychologist--Mentoring
232 School Psychologist--Supervising
025 Science
108 Secondary/Senior High School
069 Secretarial Science
104 Sex Education
216 Sex Equity In The Classroom
367 Social Science
010 Social Studies
016 Sociology
039 Spanish
075 Special Education
004 Speech
077 Speech & Language Impairment
228 Staff Development Leadership
237 Standards/Assessment/Review Team
207 State Educ Policy, Admin, Rules, Procedure
085 State Section 31-A (At-Risk Students)
227 Student Dropout Prevention
211 Student Motivation/Theories/Techniques
213 Student Problem Solving Skills
215 Student Self-Concept Development

360 Study of Religions
224 Substance Abuse Education
446 Suicide Prevention
233 Teacher--Mentoring
248 Teacher--Supervising/Cooperating
372 Technology and Design
220 Testing and Measurement
448 Title I, Part A (Improving Basic Services)
450 Title I, Part C (Education of Migratory Children)
452 Title I, Part D (Prevention and Intervention For Delinquent Children and Youth)
454 Title II, A(3) (Higher Education Professional Development)
456 Title II, Part A (Teacher and Principal Training and Recruiting)
458 Title II, Part D (Formula Grants For Technology)
460 Title III (Language Acquisition and English Language Learners)
462 Title VI, Part B, Subpart 2 (Rural and Low-Income School Program)
464 Title VI, Part B, Subpart I (Rural Education and Achievement Program)
466 Title X, Part C (McKinney-Vento Homeless Education Assistance)
468 Violence Prevention
368 Visual Arts Education
080 Visual Impairment
090 Vocational Agriscience and Natural Resources
381 Vocational Arts and Communication Pathway
091 Vocational Business Services
375 Vocational Business, Management, Marketing & Technology Pathway
386 Vocational Child Care
388 Vocational Cosmetology
380 Vocational Engineering, Manufacturing, Industrial, and Technology Pathway
093 Vocational Family and Consumer Sciences
382 Vocational Health Sciences Pathway
350 Vocational Health Services
376 Vocational Hospitality
384 Vocational Human Services Pathway
390 Vocational Law Enforcement/Fire Science
092 Vocational Marketing Education
089 Vocational Natural Resources and Agriscience Pathway
444 Vocational Natural Resources and Agriscience Pathway
094 Vocational Technical
392 World Language and Culture
006 Writing

# SCECH LISTING OF COUNTIES AND ISD'S

| NUMBER | COUNTY OR ISD | NUMBER | COUNTY OR ISD |
|---|---|---|---|
| 03 | Allegan County ISD | 44 | Lapeer ISD |
| 04 | Alpena-Montmorency-Alcona ESD | 46 | Lenawee ISD |
| 08 | Barry ISD | 47 | Livingston ESA |
| 09 | Bay-Arenac ISD | 50 | Macomb ISD |
| 11 | Berrien ISD | 51 | Manistee ISD |
| 12 | Branch ISD | 52 | Marquette-Alger ISD |
| 13 | Calhoun ISD | 53 | Mason-Lake ISD |
| 14 | Lewis-Cass ISD | 54 | Mecosta-Oceola ISD |
| 15 | Charlevoix-Emmet ISD | 55 | Menominee ISD |
| 16 | Cheboygan-Otsego-Presque Isle ISD | 56 | Midland County ISD |
| 17 | Eastern UP ISD | 58 | Monroe ISD |
| 18 | Clare-Gladwin ISD | 59 | Montcalm Area ISD |
| 19 | Clinton RESA | 61 | Muskegon ISD |
| 21 | Delta-Schoolcraft ISD | 62 | Newaygo County RESA |
| 22 | Dickinson-Iron ISD | 63 | Oakland Schools |
| 23 | Eaton ISD | 64 | West Shore ESD / Oceana ISD |
| 25 | Genesee ISD | 70 | Ottawa Area ISD |
| 27 | Gogebic-Ontonagon ISD | 72 | C.O.O.R. ISD |
| 28 | Traverse Bay ISD | 73 | Saginaw ISD |
| 29 | Gratiot-Isabella RESD | 74 | St. Clair RESA |
| 30 | Hillsdale ISD | 75 | St. Joseph ISD |
| 31 | Copper Country ISD | 76 | Sanilac ISD |
| 32 | Huron ISD | 78 | Shiawassee RESD |
| 33 | Ingham ISD | 79 | Tuscola ISD |
| 34 | Ionia ISD | 80 | Van Buren ISD |
| 35 | Iosco ISD | 81 | Washtenaw ISD |
| 38 | Jackson ISD | 82 | Wayne Co. RESA |
| 39 | Kalamazoo Valley ISD | 83 | Wexford-Missaukee ISD |
| 41 | Kent ISD | | |

*NOTE: Please refer to these county codes when completing SCECH application.*

# EVALUATION QUESTIONS

| Evaluation Questions |
|---|
| 1   The intended outcomes, as described for this offering, were accomplished. |
| 2   The offering was organized so I had time to reflect on what I learned. |
| 3   The presenters modeled effective questioning strategies and facilitation techniques to enhance my learning of content and/or skills. |
| 4   The offering was organized so I had time to collaborate with colleagues and plan how to implement the new content and/or skills. |
| 5   I feel confident in my ability to implement the new knowledge or skills gained in this offering in my current position. |
| 6   Three specific ways I will implement the new knowledge or skills gained in my current position: |
| 7   Three specific ways I will incorporate the new knowledge or skills gained into conversations with my colleagues: |
| 8   Additional resources or support I need to incorporate the new knowledge or skills into collegial conversations and/or improve my work in my current position: |
| 9   I feel confident in my ability to use the new knowledge and/or skills gained in this offering to improve my instructional effectiveness. |
| 10  The subject-matter and/or pedagogical (teaching strategies) content was aligned with state content expectations for my grade level. |
| 11  The subject-matter and/or pedagogical (teaching strategies) content was appropriate to my teaching needs and grade level. |
| 12  The subject-matter and/or pedagogical (teaching strategies) content will contribute to my learning community's attention to plans for improving instructional effectiveness. |
| 13  The subject-matter and/or pedagogical (teaching strategies) content was aligned with my school's goals for professional development, as part of the School Improvement Plan. |
| 14  The subject-matter and/or pedagogical (teaching strategies) content was aligned with state academic achievement standards. |
| 15  The subject-matter and/or pedagogical (teaching strategies) content will contribute to my use of student performance data to improve my instruction or administrative skills. |

**PLEASE COMPLETE THE ENTIRE FORM!**

**SAVE A COPY OF THIS FORM AND SEND THE ORIGINAL TO YOUR LOCAL SCECH SPONSOR'S COORDINATOR.**

# SCECH Program Approval File Cover Sheet

**Program Title**_____

**Date**_____

____**Copy of Approved Application**

____**Copy of Program Agenda**

____ **Individual Applications for SCECH**

____**Sign in/out Sheet**
   *signed & dated by monitor*

____**Sponsor Verification Form**
   *signed & dated by authorized representative*

# Lapeer County Intermediate School District SCECH SIGN-IN

| Name of Program | Date |
|---|---|
| Sponsor ID #DO44000 | Number of SCECH – |

| Name (PLEASE PRINT) | Signature | Time In | Signature | Time Out |
|---|---|---|---|---|
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**Office of Professional Preparation Services**

## <u>State Continuing Education Clock Hours</u> (SCECHs)

Sponsor:  _Lapeer County ISD_____

Program name: _____ Program Date(s): _____

In order to receive your SCECHs for this program, you must complete the following:

- Complete and return the Registration form below to the Sponsor of the program.
- 100% attendance (required by the Michigan Department of Education (MDE) for SCECH programs), verified by various attendance methods each day. *Note:  Make-up*s *are* <u>*not*</u> *available*.
- Please complete the MDE online evaluation in the Secure Central Registry (SCR) within 30 days of the email notification.  Steps in the process:
    1. The coordinator uploads eligible attendees' registration information into the SCR when the program is complete.
    2. Attendees are notified by email that the online evaluation is available.
    3. After completing the required online evaluation, and paying for it if applicable, the SCECHs are awarded to your SCR account. (You must have an SCR account and complete the evaluation to be awarded SCECHs.)

    *Note:  If you do not receive an email within 20 day*s *after the program end*s*, check your SCR account for the evaluation link.  SCR is located at:   www.Getmipd.com*
- If out-of-class assignments are given, they must be completed and submitted to the program Sponsor by the due date.

Evaluation notices are system-generated and do not come directly from the sponsor of this program.  The evaluations are sent from:  MOECS-NoReply@michigan.gov.

*Note:  If you have problems receiving these emails, please white list this email address and/or notify your internet service provider to allow these emails. It may also be necessary to check spam, junk mail, or black listed emails.*
    ***Please complete and return the bottom portion <u>only</u> to the program monitor.***

✂ ────────────────────────────────────

# Registration
Program name: _____ Program Date(s): _____

I have read and understand the information above regarding SCECHs.

        Signature: _____

 ***The information below <u>must</u> match your SCR account or you will <u>not</u> be able to access your evaluation to earn these SCECH**s.*

**Participant Name:**  _____
                                            (*Please Print*)

**PIC #:** _____
        (**MANDITORY**)          Reason for no PIC #?  (Example: license does not issue one)

**Email Address:**  _____

# Lapeer County Intermediate School District

690 N. Lake Pleasant Road                    Attica, MI  48412                    Phone (810) 664-1124
FAX (810) 724-7600

The following portion of the application is to be completed AFTER the program has been approved and training has taken place.

All forms will need to be completed and returned within 30 days of the training date to Dawn Mosher at the Lapeer County Intermediate School District.  Failure to do so may lead to non-compliance and ineligibility of SCECH for your participants.

PLEASE SUBMIT A COMPLETE PACKAGE TO THE COORDINATOR

If you have questions or need help completing this application, contact Dawn Mosher at (810) 245-3983.

# Lapeer County Intermediate School District

690 N. Lake Pleasant Road          Attica, MI  48412          Phone (810) 664-1124
FAX (810) 724-7600

## STATE CONTINUING EDUCATION CLOCK HOURS
## VERIFICATION OF ATTENDANCE

**Instructions**

This information must be completed and submitted to the Lapeer County Intermediate School District along with the Individual Applications & sign-in sheets.

An authorized representative must complete information and sign.  This representative would be an individual who has legal authority to commit the district, institution or organization for maintenance of attendance records in accordance with the Michigan State Board of Education policy.  This representative becomes legally responsible for any and all errors in attendance, including attesting to the fact that all participants requesting SCECH have indeed completed all requirements regarding full attendance.

If this form is not filled out correctly, the Lapeer Intermediate School District has the right to deny SCECH to any and all participants in the identified program.  If you have questions regarding this form, contact Dawn Mosher, SCECH Coordinator at (810) 245-3983.

**TYPE OR PRINT ALL INFORMATION**

WHEN COMPLETED, SUBMIT THIS FORM TO THE LCISD ADDRESS INDICATED ABOVE, ALONG WITH SIGN IN SHEETS AND INDIVIDUAL APPLICATIONS.

I, _____, as authorized representative of _____
          Name                                                                                           organization

located at _____ hereby certify that all names listed below did
                    Address of organization

indeed participate in the program titled _____ program number _____

beginning and ending _____.

THIS FORM MUST BE SIGNED IN A COLOR INK

Signature of SCECH Coordinator only

_____
Signature of authorized representative                         Date of signature

**TYPE OR PRINT NAME, DISTRICT AND SOCIAL SECURITY NUMBER FOR EACH INDIVIDUAL REQUESTING SCECH**

| Name | District | PIC number |
|---|---|---|
|  |  |  |
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*If you have more names than lines, you must complete additional ORIGINAL copies of this document and indicate number of pages attached.*

Page_____ of _____pages

# Monitor Verification Form

## State Continuing Education Clock Hours (SCECH)

This form is not required but may be used to verify participation in a State Continuing Education Clock Hours (SCECH) program or activity. The completed form should be submitted to the coordinator (if not prepared by) and kept in the program file.

| | |
|---|---|
| **Program Title:** | |
| **Start Date:** | |
| **End Date:** | |
| **Program Number:** | |
| **# of SCECHs Earned:** | |
| **Participant Names to be awarded SCECHs:** | |

**Attendance records (required) and participant registration forms (only if requested-not required) are attached.**

*SCECH Program Monitor Printed Name_____*

*SCECH Program Monitor Signature_____*

*Date: _____*