

School District of Newberry County Renewal Credit Computation Form

(Complete sections A and B below.)

SECTION A			
Last name:	First name:	MI:	Former name if needed:
Social Security No.: (not required)	SC Certificate No.: (required)		

Option/Description/Maximum Points	Pre-Approval Initials <small>(if required)</small>	Ending Date	GBE Advisor's Initials <small>(required)</small>	Points Earned
Option 1: College Credit (120)				
Course No./Title				
College/Year Taken				
Option 2: State Dep't of Education Certificate Renewal Course (120)				
Course No./Title:				
Location/Year Taken:				
Option 3: Publications: Title/Publisher/Date Published (60)				
Option 4: Instruction: Workshop or Course Title/Location/Dates (60)				

Option 5: Professional Training (120) <u>Title</u>	Pre-Approval Initials <small>(if required)</small>	Ending Date	GBE Advisor's Initials <small>(required)</small>	Points Earned
Option 6: Prof. Assessor/Evaluator (60)	Pre-Approval Initials <small>(if required)</small>	Ending Date	GBE Advisor's Initials <small>(required)</small>	Points Earned
Option 7: Mentorship, Supervision, or Mentoring: Type/Dates (60)	Pre-Approval Initials <small>(if required)</small>	Ending Date	GBE Advisor's Initials <small>(required)</small>	Points Earned
Option 8: Educational Project, Collaboration, Grant, or Research (60) <u>Type of Project, Collaboration, Grant, or Research</u>	Pre-Approval Initials <small>(if required)</small>	Ending Date	GBE Advisor's Initials <small>(required)</small>	Points Earned
Option 9: Professional Development Activity (Non-CEU Credit) (60) <u>Title or Name of Activity</u>	Pre-Approval Initials <small>(if required)</small>	Ending Date	GBE Advisor's Initials <small>(required)</small>	Points Earned
Option 10: Professional Development Activity (CEU Credit) (120) <u>Title or Name of Activity</u>	Pre-Approval Initials <small>(if required)</small>	Ending Date	GBE Advisor's Initials <small>(required)</small>	Points Earned
TOTAL RENEWAL CREDITS EARNED>>				

SECTION B		TO BE COMPLETED BY THE SDNC EDUCATOR AND HIS/HER ADVISOR, AND SUBMITTED BY MAY 31 OF THE EXPIRATION YEAR. I hereby verify that:
Applicant	Advisor	
		All activities directly relate to the applicant's Professional Growth and Development Plan, support the goals of the employing educational entity, promote student achievement, and meet the criteria specified in the renewal credit matrix.
		Appropriate verification relative to the completion of all activities has been reviewed and will be maintained.
SECTION C		TEACHER TECHNOLOGY PROFICIENCY PROVISIO COMPLIANCE STATES SCHOOL DISTRICTS SHALL REQUIRE TEACHERS TO DEMONSTRATE TECHNOLOGY PROFICIENCY. (Updated 1/5/2012)
Applicant	Advisor	I verify that:
		The teacher has demonstrated technology proficiency by satisfying ALL three of the following components: <input type="checkbox"/> Five technology-related professional development hours for each school year (beginning 2010-2011). <input type="checkbox"/> Use of an online lesson planner and/or maintenance of classroom website. <input type="checkbox"/> Provide a technology integrated lesson that demonstrates student-technology Interaction.
Signature of Applicant:		School District of Newberry County
Signature of Advisor:	Title:	Date: