

CEU Activity Application Form
Department of Educational Services

Please complete this form and submit to the Department of Educational Services following the guidelines below.

1. Complete Application Form and print
2. At training activity, participants will sign their name to the master/custom CEU sign-in sheet provided by facilitator.
3. Submit Application form with the training sign-in sheet to Educational Services.

Requested by:

Date of Request:

Name of Activity:

Presenter/Facilitator:

Date/Time of Activity:

Funded By:

Clock Hours Requested:

Expected Attendance:

Description of workshop content and participant expectations:

Please indicate if this activity meets one or more of the state license requirement:

- Positive behavioral intervention strategies and accommodation.
- Modification and adaptation of curriculum, materials, and instruction to appropriately meet the needs of varied students in achieving state standards.
- Instruction or other professional development activities which evidence further reading instruction preparation.
- Instruction or other professional development activities which evidence understanding of key warning signs of early-onset mental illnesses in children and adolescents. (MN Statutes, section 122A.06, subdivision 4)
- Integration of technology with student learning to increase engagement and achievement.
- Reflective statement of professional accomplishment and assessment of professional growth.

To be completed by the Educational Services

Approved Denied

John Alberts, Executive Director of Educational Services

To be completed by the CEU Approval Committee

Approved Denied

Date _____ Committee Member Approval _____ Committee Chair Approval _____