



## GUIDELINES FOR INDIVIDUALIZED CREDIT RENEWAL OF EDUCATIONAL LICENSE

As you know, under educational license renewal guidelines, educators may arrange to earn license renewal credit on an individualized basis. In Kannapolis City, the procedure to be followed has two stages: (1) a proposal for an individualized credit activity and (2) a follow-up evaluation or final report of the work done.

During the first stage, the form, "Part I: Proposal," should be completed by the educator and discussed with the person's principal, assistant principal, curriculum coordinator, and/or immediate supervisor. The educator and his/her supervisor should plan together the content of the individualized plan and the length of time involved in the research. Throughout the individual study, the educator should stay in touch with his/her supervisor in order to ensure that the supervisor is informed concerning the progress of the individual's project.

The individualized credit project includes two main thrusts: (1) the educator should state clearly the objectives of the project; and (2) appropriate strategies and activities should be included. Some of the activities that may be included in a project when obtaining individualized credit are: traveling, reading books, journal articles, or other literature that relates to the project; taking field trips; attending demonstrations; or presenting a demonstration to other professional personnel; work experience; attending conferences; research and study on the internet; etc. **In almost all cases, more than one of these, or other activities, should be included in the schedule of activities.** Attending a conference must be accompanied by at least one additional activity. The number of units of credit requested and granted does not necessarily match up with the clock hours involved.

An educator desiring renewal credit for travel can obtain it by using an individualized plan. Credit for travel requires advance planning, which should be based on educational objectives designed to improve competence to perform assigned professional duties. A minimum distance of 1,000 miles round trip over a minimum period of seven consecutive days in North America or five consecutive days overseas per unit of credit is required. A maximum of three units of renewal credit for travel during a five-year renewal period may be earned.

As with all other renewal activities, the individualized activity must be "directly applicable" to an area of licensure or job assignment held by the employee. License renewal activities must also relate to one's "Individual Growth Plan." Please read carefully the State Guidelines on Part I of the process.

No one project may carry more than three units of renewal credit, and a maximum of five units of renewal credit may be earned by individual study during a five-year renewal period. The application and the number of units of individualized credit must be approved by the educator's supervisor and the HR Administrator before the project is begun.

\* \* \* \* \*

After the applicant has completed the individualized project, the second stage, or "Part II: Follow-Up Evaluation," should be completed. It is important that all of the "Schedule of Activities" named in Part I be documented when completing Part II. If the activity involved much more effort than was anticipated, it would be appropriate to use the "Comments" section to describe what happened and request additional credit. Before credit is granted, the applicant's immediate supervisor and the human resources administrator must approve the "Follow-Up Evaluation." In addition, the Kannapolis City Schools' "Professional Development Evaluation" form must be completed so that, hopefully, the activity can be identified as "High Quality" under NCLB Guidelines. After approval has been granted, the teacher will be notified by receiving a signed copy of Part II. The credit earned will be recorded as soon as possible by the Human Resources Office for renewal of the teacher's license.



**Part I**

**Individual Plan for Educational License Renewal Credit**  
**Part I: Proposal for Professional Development Activity**

*(To be submitted at least one month prior to beginning activity)*

Person Requesting Credit \_\_\_\_\_  
*First Middle Maiden Last Date*

\_\_\_\_\_  
*Soc. Sec. Number(last five digits) School to Which Assigned Teaching Assignment*

Topic of Individualized Activity \_\_\_\_\_

Number of Hours You Expect To Spend on this Project \_\_\_\_\_ Number of Units of Renewal Credit For Which You Are Applying \_\_\_\_\_

Date You Expect to Start Project \_\_\_\_\_ Date You Expect to Finish Project \_\_\_\_\_

State Briefly the Learning Objectives of Your Project \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the Schedule of Activities for Your Project (i.e., such activities as reading books and journal articles, attending conferences, traveling and collecting artifacts, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Guidelines require that all renewal activities have a "direct relationship to critical job responsibilities, School Improvement Plans, and State Board of Education strategic priorities." In addition, "(a) the activity shall include a minimum of 10 clock hours over time with on-the-job application, feedback, and follow-up; (b) the activity shall have identified goals and objectives that are designed to increase knowledge or skills in the person's license area or job assignment; (c) the activity shall include focused content and instruction that are sequenced to develop specified competencies of a specific population; (d) the activity shall be conducted by instructional personnel approved by the sponsoring school unit or employer if an instructor is involved; and (e) the activity shall include a focused evaluation designed to gauge the change in learner knowledge or skill and to guide the development of future programs." In addition, renewal activities shall be applicable to one's Individual Growth Plan. In the space below, please state why you believe this activity meets the preceding requirements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO THE APPLICANT:** This form will be returned to you prior to the beginning of the activity. Upon completion of the activity, it is your responsibility to attach on top of the original copy of this form, the original copy of "Part II: Follow-Up Evaluation" and the Kannapolis City Schools' "Professional Development Evaluation" form.

Prior Approval Granted: \_\_\_\_\_  
*Principal /AP / CC or Immediate Supervisor Date*

\_\_\_\_\_  
*Number of Renewal Units Approved Dr. Chip Buckwell, Assistant Superintendent Date*



**Part II**

**Individual Plan for Educational License Renewal Credit**  
**Part II: Final Report of Professional Development Activity**

*(To be submitted at the conclusion of the activity)*

Person Requesting Credit \_\_\_\_\_  
*First Middle Maiden Last Date*

\_\_\_\_\_  
*Soc. Sec. Number (last five digits) School to Which Assigned Teaching Assignment*

Topic of Individualized Activity \_\_\_\_\_

Approximate Number of Hours You Spent on this Project \_\_\_\_\_ Date You Finished Project \_\_\_\_\_

List the Learning Objectives That Were (and/or Were Not) Met \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you learned as a result of this activity that you can apply to your professional responsibilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Documentation of Activities.** On a separate sheet, please report on each of your activities; this report should not exceed three typed pages.

Comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the preceding information is correct \_\_\_\_\_  
*Signature of Employee*

**TO THE APPLICANT:** In addition to your documentation of activities, please attach "Part I: Application" and "Professional Development Evaluation" to this form and turn it in to the Human Resources Office. It will not be returned unless additional information is needed.

Approval:

- HQ?  Need More Info.
- Reading? \_\_\_\_\_  Technology? \_\_\_\_\_
- Academic Credit? \_\_\_\_\_

\_\_\_\_\_  
*Principal / AP / CC or Immediate Supervisor Date*

\_\_\_\_\_  
*Number of Renewal Units Approved*

\_\_\_\_\_  
*Dr. Chip Buckwell, Assistant Superintendent Date*