

COURSE APPROVAL FORM

All classroom teachers, Title I reading teachers, librarians, guidance personnel, psychologists, social workers, nurse, Reading/Title I Coordinator, and speech and language clinicians taking courses for advancement on the salary schedule are to submit that information to the Superintendent of Schools on this form.

Prior course approval is a requirement of Board Policy GCL – Professional/Support Staff Development, and this form is provided to assist certified staff in receiving prior approval.

Courses shall be approved if they meet the following criteria:

1. The course is a graduate level course
2. The course is in your teaching field. If not in your teaching field, closely enough allied to be acceptable toward a degree in your field.

Courses not meeting the above criteria may be approved if it can be demonstrated that the course will be beneficial to the individual's job performance.

NAME: _____ ASSIGNMENT: _____ BUILDING: _____

COURSE TITLE #1:			INSTITUTION:		
SEMESTER & YEAR:			# OF CREDITS:		
Graduate Course?	_____ Yes	_____ No	In your teaching field?	_____ Yes	_____ No
If not in your teaching field, closely enough allied to be acceptable for credit toward a degree in your field?				_____ Yes	_____ No
If the course does not meet the above criteria, explain how it will be beneficial to your job performance:					

COURSE TITLE #2:			INSTITUTION:		
SEMESTER & YEAR:			# OF CREDITS:		
Graduate Course?	_____ Yes	_____ No	In your teaching field?	_____ Yes	_____ No
If not in your teaching field, closely enough allied to be acceptable for credit toward a degree in your field?				_____ Yes	_____ No
If the course does not meet the above criteria, explain how it will be beneficial to your job performance:					

SIGNED: _____ DATE: _____

***** FOR DISTRICT OFFICE USE ONLY *****

Course #1 is: **Approved** **Not Approved** for credit for salary schedule advancement.
 Course #2 is: **Approved** **Not Approved** for credit for salary schedule advancement.

SIGNED: _____ DATE: _____
Superintendent of Schools

COMMENTS: _____

Teacher retain PINK copy; submit WHITE AND YELLOW copy to the District Office.