

Form B
LOCKPORT CITY SCHOOL DISTRICT
Prior Approval Form for Continuing Teacher and Leader Education (CTLE) Requirements
August 2018

The activities listed below need prior approval from the Principal and Executive Director of Educational Services before they are credited toward the Continuing Teacher and Leader Education Requirements.

- A. Workshop/Conferences (during the school day after-school and/or on weekends) **(actual hours) - limit of 2 per academic year**
- B. Classes conducted in a BOCES Teacher Center **(actual hours) including BOCES online courses - limit of 2 per academic year**
- C. Online, video, graduate, or NYSUT (online or in person) classes that are accepted by NYSED in fulfillment of teacher certification requirements and/or are sponsored by an accredited college or university and related to a teacher's major teaching assignment **(maximum of 45 seat hours per course) - limit of 1 per academic year**
 - For college classes only:
Each semester hour will equal 15 clock hours of CTLE credit.
Each quarter-hour will equal 10 clock hours of CTLE credit.
 - For all other courses:
One CTLE credit hour shall constitute a minimum of 60 minutes of instruction.

****All CTLE activities must be delivered by a NYSED-approved sponsor. These approved sponsors are listed on the Office of Teaching website.**

****For all CTLE courses EXCEPT credit-bearing university or college courses, one CTLE credit hour shall constitute a minimum of 60 minutes of instruction.**

After this form has been signed by the principal, it should be submitted to the Executive Director of Educational Services for pre-approval and will be sent back to the staff member. Approved and completed hours should be recorded on the Tracking Log for Documentation of Approved Continuing Teacher and Leader Education Requirement. This form must be attached to the Tracking Log when it is submitted to Personnel at the end of the school year.

Name: _____ School: _____
Date: _____

- For which activity listed above are you seeking pre-approval _____
(letter from above)
- **NUMBER OF HOURS** _____
- Either attach a description of the activity or describe the activity in the space below, **including length of time of the activity** _____

- In what way does your participation in this activity connect with your current assignment? _____

Principal's authorization _____ Date _____

For Educational Services Only Approval Date _____ Total Hours Approved _____ Denial Date _____ Executive Director of Educational Services Signature: _____	For Personnel Only Total Hours Credited _____
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