

CLOCK HOUR APPLICATION FORM

(Revised to allow for STEM designation)

| CLASS TITLE: | | |
|---|--------------------------------------|--|
| DATE(S) & TIME(S): | | |
| TIME(S) OF SCHEDULED LUNCH BREAKS: | | |
| CLASS LOCATION: | | |
| TOTAL CLOCK HOURS REQUESTED: | | |
| BREAKDOWN: REGULAR HOURS | STEM HOURS (see page 3 for criteria) | |
| COURSE NUMBER ASSIGNED BY CSTP: CLO | OCK HOUR # | |
| CLASS SPONSOR: | | |
| NAME, PHONE, & EMAIL OF INSTRUCTOR(S): | | |
| NAME, PHONE, & EMAIL OF APPLICANT (IF D | IFFERENT THAN INSTRUCTOR): | |
| MAJOR CLASS GOALS/OUTCOMES | | |
| | | |
| NON-STEM RELATED ACTIVITIES | | |
| | | |
| STEM INFO (see page 3 for guiding questions in | relation to STEM) | |
| Follow this link for Examples of a STEM Course Ag | | |

ADDITIONAL EVALUATION QUESTIONS YOU WANT CSTP TO ASK PARTICIPANTS FOLLOWING END OF COURSE 1. 2. 3. ** ATTACH A VITA FOR EACH INSTRUCTOR *** SIGNATURE OF APPLICANT DATE TO BE COMPLETED BY CSTP STAFF DATE RECEIVED: TOTAL CLOCK HOURS: DATE GRANTED: DATE NOTIFIED: APPROVED BY: DATE SIGN-IN SHEETS ARE SENT TO INSTRUCTOR: DATE ELECTRONIC EVALUATION LINK IS SENT TO PARTICIPANTS: Revised July 2018

The Center for Strengthening the Teaching Profession agrees to:

- Email registration forms to instructor a minimum of one week prior to start of course
- Post data from evaluations to website approximately 2 months after course ends
- Mail transcripts annually during the month of August

For more information, please contact the CSTP Clock Hour Specialist, Cindy Kleinfelter, at cindy@cstp-wa.org

REQUIREMENTS FOR CLOCK HOUR APPLICANTS

| As an instructor or facilitator for professional de | velopment eligible for clock hours |
|---|--|
| through CSTP, I,abide by the following: | , understand the requirements and agree to |
| Learning experience must be a minimum Learning activities must demonstrate a cl Instructor assures that attendance is verificlass/workshop and notes any discrepanc Sign-in sheets must be submitted to CST Instructor can submit 1-3 content related evaluation form distributed 3-5 weeks fo Instructor will strongly encourage particit | lear link to specified goals and outcomes. ied in writing by participants at each day of a ries on the sign-in sheets. P within fifteen days of completion of event. I questions to CSTP to be included on the electronic llowing event completion. |
| Instructor Signature | Date |

STEM Criteria:

- 1. The intent of the RCW is to ensure students have exposure to authentic STEM integration experiences which align to state learning standards including information about STEM-related career choices. The intent is for educators to incorporate the learning from the STEM activity within their professional practice such as a classroom or professional development opportunity (PLC, staff meeting, district level workshop, etc.).
- 2. The educator must participate in or demonstrate implementation of a STEM activity. The learning or activity must demonstrate authentic integration of science, technology, engineering and math, incorporating at least 2 of the 4 STEM elements. Only one element out of the STEM learning experience is not considered an authentic STEM experience.

STEM Guiding Questions:

Providers of STEM-related continuing education should design workshops / course offerings to ensure educators will meet the renewal requirement by answering "YES" to all of the following questions.

- 1. Will the STEM activity have an impact on STEM experiences for students?
- 2. Does the STEM activity provide examples or resources to use with students or with other educators?
- 3. Does the STEM activity provide examples or resources about STEM-related career choices to use with students?

Follow this link for a Q&A for Educators: http://www.k12.wa.us/STEM/pubdocs/STEM-QAforEducators.pdf

For more information, visit this page on the OSPI Website: http://www.k12.wa.us/STEM/ClockHours.aspx