

**STATE CONTINUING EDUCATION CLOCK HOURS (SCECHs)  
PARTICIPANT VERIFICATION FORM FOR  
Supervision of Pre-Teaching/Midtier/Pre-Service Student**

This form must be completed for eligible participants to receive SCECHs for participation in the Supervision of Pre-Teaching/Midtier /Pre-Service Student program and accompanied by a log recording the actual time spent with the student. This program offers a range of 3 to 20 SCECHs recorded on the log.

**\*\* A maximum of 90 SCECHs earned in each activity in a five-year renewal period can be used toward professional education certificate renewal.**

A completed copy of this form must be filed with the SCECH sponsor **no more than 30 calendar days after the end date of the activity.**

(Type or Print)

Name	
Email Address	PIC
Name of School District Where Employed	
Name of School Where Assigned	
Name of Assignee	
Beginning Date of Professional Activity	Completion Date of Professional Activity

\_\_\_\_\_  
Supervising Teacher's Signature

\_\_\_\_\_  
Date

I certify the criteria to receive SCECHs for the above activity has been met and the required documentation pertaining to the activity has been reviewed. This documentation is:  
 on file for review       on file with the teacher preparation institution

The Supervising Teacher has completed \_\_\_\_\_ hours with the student.  
(between 3-20)

\_\_\_\_\_  
Building Principal's Signature/District Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCECH Coordinator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCECH Program Approval Number

\_\_\_\_\_  
SCECHs Awarded

**A COMPLETED COPY OF THIS FORM SERVES AS VERIFICATION OF SCECHs**

**Advisory: It is a criminal offense to use or attempt to use a SCECH transcript or certificate of completion that is fraudulently obtained, altered, or forged to obtain and/or maintain school administrator, teacher and/or school psychologist certification or other State Board approval.**

Revised: 9.3.2013