

Educational Project

NAME:
SCHOOL:
TITLE OF PROJECT OR ACTIVITY*:
ANTICIPATED NUMBER OF HOUR(S) (MAXIMUM 90):

Approved by: _____
Principal or Instructional Supervisor *Date*

**Provide syllabus if you are teaching a college level educational course.*

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At the conclusion of the project, please complete the following information and place this in your certification folder.

I certify that I spent \_\_\_\_\_ hours for \_\_\_\_\_ recertification points.  
(One point awarded per hour)

\_\_\_\_\_

\_\_\_\_\_

*Signature*

*Date*