REQUEST FOR APPROVAL OF PROFESSIONAL DEVELOPMENT CLOCK HOURS THROUGH DYSLEXIC ADVANTAGE, a 501(c)3 non-profit

SIGNING THIS FORM INDICATES:

1. Approval from the district's administrator or professional development coordinator for the educator to **utilize online courses provided by Dyslexic Advantage for required professional development hours.**

 Acknowledgement from the administrator or professional development coordinator that the online courses provide relevant material that will enhance the educator's pedagogy and skill set in order to improve student learning.
Acknolwedgement from the district's administrator or professional development coordinator that, once completed, the online courses will satisfy some or all of the reqired clock hours for professional development for all Educators.

Signing this form is NOT: evidence of completed course or documentation for completed or satisfied clock hours.

Educator Name: ______

First Name

Last Name

Course Title: Dyslexia for Teachers

Common Core Standards or Learning Objectives Met:

I approve of and agree to the above named course as a viable means of completing staff development requirements.

Signature Professional Development Coordinator / Administrator Date