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.**
2. 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.**
3. Acknowledgement from the district’s administrator or professional development coordinator that, once completed, the **online courses will satisfy some or all of the required 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