

**STATE CONTINUING EDUCATION CLOCK HOURS (SCECHs)  
PARTICIPANT VERIFICATION FORM**

**Supervising/Cooperating Teacher -  
Supervising School Counselor - Supervising School Psychologist**

This form must be completed in order for eligible participants to receive SCECHs for participation in one of the following activities (please check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Serving as a supervising/cooperating teacher** | <input type="checkbox"/> 1 <sup>st</sup> Semester <input type="checkbox"/> 2 <sup>nd</sup> Semester |
| <input type="checkbox"/> Serving as a supervising school counselor**    | <input type="checkbox"/> 1 <sup>st</sup> Semester <input type="checkbox"/> 2 <sup>nd</sup> Semester |
| <input type="checkbox"/> Serving as a supervising school psychologist** | <input type="checkbox"/> 1 <sup>st</sup> Semester <input type="checkbox"/> 2 <sup>nd</sup> Semester |

**\*\*Each school-based non-traditional activity may only be used a maximum of three (3) times toward certificate renewal within an educator's certificate renewal period. Only 25 SCECHs may be earned per semester.**

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.**

Your SCECHs will be uploaded to the Michigan Online Educator Certification System (MOCES) and awarded after completion of a common evaluation and payment of fees, if applicable.

(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/Counselor/School Psychologist Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCECH Coordinator Signature

\_\_\_\_\_  
Date

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

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

**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 of Education approval.

**The following describes the non-traditional school-based program requirements and criteria for eligibility:**

*SCECHs for each school-based non-traditional activity may only be used a maximum of three (3) times toward certificate renewal within an educator's certificate renewal period.*

**Supervision of Student Teacher/Teacher Intern**

**Criteria for Eligibility:**

- a. A teacher who supervises a student/intern teacher for a determined placement period of not less than eight weeks may earn twenty-five (25) SCECHs.
- b. A supervising teacher must coach and provide feedback to the student/intern teacher, in accordance with the teacher preparation institution's policies.
- c. A supervising teacher must submit to the building principal and/or the teacher preparation institution's representative formal evaluations of the student teacher/teacher intern's performance.
- d. The building principal must sign the verification form to provide verification of the successful completion of the assignment.
- e. The signed verification form must be received by the local SCECH Coordinator a maximum of 30 days after assignment has been completed.
- f. This non-traditional activity may only be used a maximum of three (3) times toward certificate renewal within an educator's certificate renewal period.