

Charleston County School District Recertification Computation Sheet

Last name	First name	M.I.	Former name if needed
Social Security #	SC Certificate # (required)	Highest	Degree (bachelors, masters, etc.)

OPTION/DESCRIPTION/MAXIMUM POINTS (You must attach verification for each option used)

Course No./Title	Ending Date	Required Documentation Provided	Points Earned
Option 1: College Credit (120) Official Sealed Transcripts Are Required			
Graduate Course No./Title			
College			
College			
Option 2: SDE Certificate Renewal Course (120)			
Course No./Title			
Location			
Course No./Title			
Location			
Option 3: District Point Plan for Certificate Renewal (60)			
Activity			
Location			
Option 4: Publications (60)			
Title	Publisher	Date Published	
Title	Publisher	Date Published	
Option 5: Instruction (60)			
Workshop or Course Title		Location	
Workshop or Course Title		Location	
Option 6: Professional Training (120)			
Title		Sponsoring Organization/Agency	
Title		Sponsoring Organization/Agency	
Option 7: Professional Assessor/Evaluator (60)			
Type			
Type		Duties	
Option 8: Mentorship, Supervision, or Mentoring (60)			
Type			
Type			
Type			
Type			

Graduate Courses

State Approved Courses

Please do not use this option

Include letter from Teacher Evaluation

Include letter received when completed

Course No./Title	Ending Date	Required Documentation Provided	Points Earned
Option 9: Educational Project, Collaboration, Grant, or Research (60)			
Type of Project, Collaboration, Grant, or Research			
Type of Project, Collaboration, Grant, or Research			
Option 10: Professional Development Activity (60)			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Option 11: Professional Development Activity - CEU Credit (120)			
Title			
Title			
Title			
Title			
Total Renewal Credits Earned > >		Required Documentation Provided	

IACET CREDITS ONLY

Please check ONE of the following choices.

I give permission for my District Renewal Credit Plan Coordinator to access my certificate records on file at the Division of Teacher Quality, Office of Teacher Certification, in order to retrieve my completed course work transcripts to use toward my renewal.

I do not give permission for my District Renewal Plan Coordinator to retrieve my certification records. I understand that I will be responsible for obtaining an official transcript from the college/university which shows my completed course work that I will use toward the renewal of my certificate.

I do not currently have college credit on file with the Division of Teacher Quality, Officer of Teacher Certification, to use toward my professional educator's certificate renewal.

Signature of Educator: _____ Date: _____

Signature of School Administrator: _____ Date: _____

Signature of District Administrator: _____ Date: _____