

INSERVICE POLICY**INSERVICE CREDIT:**

1. Inservice programs of education should be offered to encourage participation and diversification of the program.
2. The schedule of Inservice programs of continuing professional development for a school year should evolve from the need of individuals.
3. Satisfactory completion of a program shall be based on attendance requirements and participation. An enrollment of ten to fifteen members is recommended as a minimum starting class. Inservice courses designed for numbers less than those specified shall be approved by the Chief School Officer. Inservice credits are to be earned outside the regular school day. Verification of successful completion of the Inservice sessions will be presented to the Inservice committee before Inservice credit is granted.
4. One half credit hour will be granted for each ten (10) contact hours. Make-up sessions will be determined by the coordinator and submitted for approval along with the Inservice course outline.
5. Any combination of inservice credit and graduate hours shall not exceed BA+90. A person can accumulate no more than two inservice credits per year beginning with the 1977-78 school year.
6. Teachers who would like to receive inservice credit for inservice programs outside our school district should apply for approval before actual participation. The teacher seeking such approval should clearly justify the unique value of this course as related to his/her teaching field. (This should be presented in writing and a course outline should accompany the request.) A certificate of completion of the Inservice course from that school's officials should be on file before Inservice credit is given.

Application for in-service attached.

7/11/77

Revised January 13, 1997

Revised August 28, 2000

HARPURSVILLE CENTRAL SCHOOL DISTRICT
P. O. 147
Harpursville, NY 13787

APPLICATION FOR IN-SERVICE
(Prior approval required)

1. Name of Teacher: _____

2. Major Field at Present: _____

3. Descriptive Title of Course: _____

4. Sponsor of the Course: _____

5. Number of Sessions: _____ 5a. Length of Sessions: _____

(e.g. 4p.m. -6 p.m.)

6. Beginning and Ending Dates of the Course: _____ to _____

7. Number of Sessions You Were in Attendance: _____

8. Total Number of Contact Hours: _____

9. Is the District paying for this course? _____

Are you receiving any remuneration for taking this course? _____

10. Remarks: (Unique value of this course as related to your teaching field) _____

Date

Signature

Instructor or Coordinator

PRIOR APPROVAL GRANTED: (Note: 1/2 graduate credit for each ten 10 contact hours)
(Certificate of successful completion required.)

Date

Chief School Officer for Board of Education

_____ Inservice credit granted by Board of Education

Date _____ Resolution No. _____