## **SCECH Attendance Verification Form**

PLEASE READ To Earn SCECHs: print this form, complete in full, sign, and return to: Rachel Verschaeve @ SCC RESA Marysville, MI 48040, no later than June 12, 2015. FORMS RECEIVED AFTER JUNE 12, 2015 WILL NOT BE ELIGIBLE FOR SCECHs. ORIGINAL FORM MUST BE RETURNED. Faxes and/or copies are not acceptable. Thank you.

	ngs for Teacher			/1/14 nd Date:	5/31/15
Location: Blend	ied	Approva	l#: 20144193-1	SCECHs	87
First & Last Name	, as it appear	rs in the Secure Cent	tral Registry:		
	Logged Time				
Event Basics ( 4 hours)		<u>Date</u>	Time In	Time Out	# of Hours
Face of the Classroom (3 hours)					-
Visual Learning (3 ho	urs)				
Cloud Initiation (3 hou	ırs)				
Collaboration (3 hours)					
Communication (3 hours)					
Productivity (3 hours)					
Digital Citizenship (3 hours)					
Be Legal and Fair (3 hours)					
Search Strategies (3 hours)					
		FOR RESA	USE ONLY		
Facilitator signature c	onfirms hours v	vere logged correctly and	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	npleted as instruct Date	ed
	Rachel Verschaeve				
Comm		Date Uploaded:	Jupioad Comp	pietea by:	