



Marion County School District Renewal Computation Sheet

Last name	First name	M.I.	Grade Level Employed
Social Security # (Last 4)	SC Licensure # (required)	Highest Degree	

OPTION/DESCRIPTION/MAXIMUM POINTS

Course No./Title	Ending Date	Administrator's Preapproval (If required)	Credits Earned
Option 1: College Credit (120)			
Course No./Title College			
Course No./Title College			
Option 2: SDE Renewal Course (120)			
Course No./Title Location			
Course No./Title Location			
Course No./Title Location			
Course No./Title Location			
Option 3: SDE approved CEU credit (120)			
Activity Location			
Activity Location			
Option 4: Publications (60)			
Title Publisher			
Title Publisher			
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			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Option 7: Professional Assessor/Evaluator (60)			
Type Duties			
Type Duties			

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Course No/Title	Ending Date	Administrator's Preapproval if required	Credits Earned
Option 8: Mentorship, Supervision, or Mentoring (60)			
Type			
Type			
Type			
Type			
Option 9: Educational Project, Collaboration, Grant, or Research (60)			
Type of Project, Collaboration, Grant, or Research			
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			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Option 11: Professional Development Activity – CEU Credit (120)			
Title			
Title			
Total Renewal Credits Earned > >			

<input type="checkbox"/> The renewal credit listed on this computation sheet has been reviewed and accepted under the SDE Renewal Credit Plan toward this educator's professional license renewal. The educator maintains the verification for each of these activities, and we request these credits to be entered into the educator's licensure records.	
<input type="checkbox"/> The Jason Flatt Act requirement has been satisfied by this educator (mm/yyyy) _____	

Signature of Educator: _____ Date: _____

Signature of Renewal Coordinator: _____ Date: _____