



Approval for Renewal of Accreditation

Date: _____

From: _____
Director or designate

To: Regional Director of Education

Re: Renewal of Accreditation in _____
Subject(s) in one subject area

_____ of _____ High School
Name Certificate No.

has made formal application for renewal of accreditation. The principal of the school and I have examined the required documentation and find it to be in order. The application has the approval of the principal, whose signature appears below, and my signature certifies my approval and that of the Board of Education.

Date on which initial accreditation was granted _____

Date on which last renewal of accreditation was granted _____

The requirement for renewal of accreditation has been met in the following manner: (check one and provide details)

_____ Attendance at the STF Accreditation Renewal Seminar **in the subject area.** (*Attach certificate or copy.*)
Date _____ Location _____

Note: The following professional development activities may be substituted for the renewal seminar. Such substitution will be at the discretion of the Director of Education. (*Attach transcript or letter/certificate of verification.*)

_____ Successful completion of a full-credit university course (minimum of 3 hours) **in the subject area.**
Course _____ Location _____ Date completed _____

_____ Equivalent service* on a provincial or division curriculum committee **in the subject area** or a committee in the area of student evaluation, curriculum evaluation, or school-based program evaluation.

_____ Committee _____ Location _____ Date completed _____

_____ Equivalent service* as a pilot teacher for a new curriculum **in the subject area.**
Subject _____ Location _____ Date completed _____

_____ Equivalent service* in the development of departmental examinations as a setter, validator, or sub-examiner **in the subject area.**

_____ Role _____ Subject _____ Date completed _____

_____ Equivalent service* in any one or combination of the following:
• active involvement in the professional development activities of a Special Subject Council
• non-credit courses or conferences on student evaluation or program evaluation **related to the subject area**
• development and implementation of a personal professional development plan which might include reading, professional writing, research, or presentations **in the subject area.**

_____ Activity _____

_____ Location _____ Date completed _____

* "Equivalent service" is to be determined in terms of activities which would meet the objectives of the STF Accreditation Renewal Seminar. Refer to *Accreditation - (Initial and Renewal)* (June 2002) page 11.

This information is being referred to you. One copy of the approval form and supporting documentation is enclosed. Keep one copy for your file, and forward an additional copy to The Registrar, Provincial Examinations, Saskatchewan Learning.

Teacher Date

Principal Date

Director of Education Date

Note: Teachers must ensure that this approval form and the supporting documentation are in the office of the Regional Director **before September 30 of the school year, or before September 30 or February 28 of the semester in which renewal is required.**