

Clear Education Specialist: Deaf and Hard of Hearing Credential

NON-UNIVERSITY ACTIVITY

Participating Teacher _____

Topic of Activity _____

Sponsoring Agency of Activity: _____

Title of Activity: _____

Dates: _____ Times: _____

Location: _____

Address: _____

Names of Presenters: _____

Number of Hours: _____

Bulleted Notes of Key Learning Points: (A descriptions of the information presented)

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Application to current DHH teaching responsibilities OR Application to a future DHH position (one paragraph)