

KCSA Pandemic Recertification Addendum

NAME:

The Kennebec Consortium for School Administrators recognizes that administrators in this region have engaged in a wide range of professional learning and work to meet the needs and challenges the COVID-19 pandemic has presented. The KCSA Board has voted to approve counting pandemic related learning and work administrators have completed towards their recertification plans. This addendum will be applicable to hours completed during the school years of March 2019-20, 2020-2021, and 2021-22 AND during your current recertification cycle.

INSTRUCTIONS:

- * Align pandemic related work to one of the three categories below
- * Check off boxes and indicate hours to the statement it's most closely aligned. Use other for something not listed and add one sentence to describe your work.
- * Spreadsheet is originally set up to total hours, be sure to double check the math!
- * In lieu of certificates or transcripts for evidence, have your Superintendent sign off to verify work listed was completed. Superintendent's will sign their own charts.

DATE (Season/Year, ie Fall/2020)	MEETINGS: Either new meetings created or extensions of standing meetings to specifically address pandemic related issues. (Max 30 Hours)	HOURS
	<input type="checkbox"/> Additional School Board Meetings to address	
	<input type="checkbox"/> District Level Committee Work	
	<input type="checkbox"/> School-Level Meetings	
	<input type="checkbox"/> Community Based Meetings	
	<input type="checkbox"/> Regional or Other Board Meetings	
	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Other:	
	SUBTOTAL	0

DATE (Season/Year, ie Fall/2020)	SCHOOL PLANS: (Max 50 Hours) Any pandemic related work, planning needed to return to school and its continued operation. Planning/work for:	HOURS
	<input type="checkbox"/> Return to School	
	<input type="checkbox"/> Remote and/or Hybrid Instruction Planning	
	<input type="checkbox"/> Technology planning or training.	
	<input type="checkbox"/> Revising procedures and policies to adhere to school, CDC, MPA, MDOE, etc	
	<input type="checkbox"/> Adjustment to the physical campus, furniture, signage, traffic flow, etc	
	<input type="checkbox"/> Food service	
	<input type="checkbox"/> Athletics or other co-curricular events/groups	
	<input type="checkbox"/> Social and Emotional supports and resources	
	<input type="checkbox"/> PPE, hand sanitizer, isolation rooms, provisions and dissemination	
	<input type="checkbox"/> Potential COVID cases and/or outbreak response plans.	
	<input type="checkbox"/> CRF, Cares Act and local school budget planning, expenditures, and adjustments.	
	<input type="checkbox"/> Academic Remediation and Outreach initiatives	
	<input type="checkbox"/> Communication plans and preparation to keep students, staff, parents and the community informed.	
	<input type="checkbox"/> Special Education needs and adjustments for instruction, classrooms, delivery of services, and the IEP process.	
	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Other:	
	SUBTOTAL	0

DATE (Season/Year, ie Fall/2020)	COVID TRAINING/RESEARCH: Any pandemic related work, planning needed to return to school and its continued operation. (Max 30 Hours)						HOURS
	<input type="checkbox"/>	Review of CDC Guidelines, Recommendations, and Updates					
	<input type="checkbox"/>	Review of MDOE Guidelines, Recommendations, and Updates					
	<input type="checkbox"/>	Review of MPA Guidelines, Recommendations, and Updates					
	<input type="checkbox"/>	Professional Development					
	<input type="checkbox"/>	Proper use of PPE					
	<input type="checkbox"/>	Development and Implementation of a Daily Health Screening Tool and Process					
	<input type="checkbox"/>	School day protocol for a suspected COVID case					
	<input type="checkbox"/>	Other:					
	<input type="checkbox"/>	Other:					
	<input type="checkbox"/>	Other:					
	<input type="checkbox"/>	Other:					
						SUBTOTAL	0
						TOTAL PANDEMIC HOURS:	0
Superintendent's Printed Name				Superintendent's Signature			Date
Mentor's Printed Name				Mentor's Signature			Date