

CONTINUING EDUCATION UNITS

PARTICIPATION VERIFICATION FORM

CONTINUING EDUCATION UNITS PARTICIPATION VERIFICATION FORM

Dear Close Up Teacher:

To earn Continuing Education Units (CEUs) from the Close Up Foundation, you must attend daily Teacher Program elements and get signatures from the Teacher Program Specialists using the correct Participation Verification Form for your program (see attached forms).

Teacher program elements include:

- Orientations and dinner Sunday night
- Monday morning Teacher Breakfast
- All-day programs on Monday and Tuesday
- All-day program on Wednesday for teachers (middle school travel only)
- All scheduled student-teacher meetings
- Capitol Hill day with your students (high school only)
- All-day program on Thursday for teachers (high school only)

The TPS at your hotel will verify your participation in the Close Up Foundation Teacher Program at your Teacher Reflection Workshop. Please have your Participation Verification Form filled out with the names of the appropriate tracks/electives before this time. Close Up typically grants one CEU for every ten contact hours on program. However, different schools and districts often have their own rules concerning how CEUs are accepted. Close Up cannot guarantee that your particular school or district will recognize the professional development offered by our Teacher Program.

CONTINUING EDUCATION UNITS

PARTICIPATION VERIFICATION FORM

CONTINUING EDUCATION UNITS ENROLLMENT FORM

Please print clearly.

Name: _____

School: _____

School Address: _____

Home Address: _____

What week did you attend Close Up? _____

What hotel did you stay in? _____

Who was the Teacher Program Specialist for your hotel? _____

What course(s) are you teaching this school year? _____

Daytime Phone Number: _____

Email Address: _____

Please submit this form, along with your Participation Verification Form and your Close Up Teacher Schedule to pertinent school administration. For any questions or additional documentation, please contact:

Scot Wilson
Vice President of Academics
Close Up Foundation
671 N. Glebe Road, Suite 900
Arlington, VA 22203
swilson@closeup.org
703-706-3487

CONTINUING EDUCATION UNITS

PARTICIPATION VERIFICATION FORM

CONTINUING EDUCATION UNITS PARTICIPATION VERIFICATION FORM WASHINGTON HIGH SCHOOL / PROGRAM FOR NEW AMERICANS

NAME: _____

SCHOOL: _____

| Program Component | Contact Hours | TPS Initials |
|---|----------------------------------|--------------|
| Sunday Dinner and Orientation | 1.5 hours | |
| Monday Breakfast Session and All-Day Electives _____ | 9 hours | |
| Tuesday All-Day Electives _____ | 8 hours | |
| Student-Teacher Capitol Hill Prep Meetings | 1 hour | |
| All-Day Meetings on Capitol Hill | 8 hours | |
| Thursday All-Day Electives _____ | 8 hours | |
| Teacher Reflection Session | .5 hour | |
| Total Hours = | _____ (36 total possible) | |

Teacher Program Specialist Name & Signature: _____

Dates of Completion: _____

Submit this form, along with the Close Up Enrollment Form and your Close Up Teacher Schedule to pertinent school administration. For any questions or additional documentation, please contact Scot Wilson, Vice President of Academics, at swilson@closeup.org or (703) 706-3487.

CONTINUING EDUCATION UNITS

PARTICIPATION VERIFICATION FORM

CONTINUING EDUCATION UNITS PARTICIPATION VERIFICATION FORM WASHINGTON & PHILADELPHIA / WILLIAMSBURG / MT. VERNON MIDDLE SCHOOL PROGRAM

NAME: _____

SCHOOL: _____

| Program Component | Contact Hours | TPS Initials |
|---|----------------------------------|--------------|
| Sunday Dinner and Orientation | 1.5 hours | |
| Monday breakfast session and All-Day Elective _____ | 9 hours | |
| Tuesday All-Day Electives _____ | 8 hours | |
| All-Day Exploration of Philadelphia/Williamsburg/Mt. Vernon | 8 hour | |
| Teacher Reflection Session | 1 hours | |
| Natiional Mall Exploration with Students _____ | 1.5 hour | |
| Total Hours = | _____ (29 total possible) | |

Teacher Program Specialist Name & Signature: _____

Dates of Completion: _____

Submit this form, along with the Close Up Enrollment Form and your Close Up Teacher Schedule to pertinent school administration. For any questions or additional documentation, please contact Scot Wilson, Vice President of Academics, at swilson@closeup.org or (703) 706-3487.

CONTINUING EDUCATION UNITS

PARTICIPATION VERIFICATION FORM

CONTINUING EDUCATION UNITS PARTICIPATION VERIFICATION FORM WASHINGTON MIDDLE SCHOOL CORE PROGRAM

NAME: _____

SCHOOL: _____

| Program Component | Contact Hours | TPS Initials |
|--|------------------------------------|--------------|
| Sunday Dinner and Orientation | 1.5 hours | |
| Monday Breakfast and All-Day Elective _____ | 9 hours | |
| Tuesday All-Day Electives _____ | 8 hours | |
| Teacher Reflection Session | 1 hour | |
| National Mall Exploration with Students _____ | 2 hours | |
| Total Hours = | _____ (21.5 total possible) | |

Teacher Program Specialist Name & Signature: _____

Dates of Completion: _____

Submit this form, along with the Close Up Enrollment Form and your Close Up Teacher Schedule to pertinent school administration. For any questions or additional documentation, please contact Scot Wilson, Vice President of Academics, at swilson@closeup.org or (703) 706-3487.

CONTINUING EDUCATION UNITS

PARTICIPATION VERIFICATION FORM

CONTINUING EDUCATION UNITS PARTICIPATION VERIFICATION FORM NEW YORK CITY PROGRAM WITH TEACHER PROGRAM SPECIALIST

NAME: _____

SCHOOL: _____

| Program Component | Contact Hours | TPS Initials |
|----------------------------|----------------------------------|--------------|
| All Day Exploration of NYC | 8 hours | |
| All Day Exploration of NYC | 8 hours | |
| Total Hours = | _____ (16 total possible) | |

Teacher Program Specialist Name & Signature: _____

Dates of Completion: _____

Submit this form, along with the Close Up Enrollment Form and your Close Up Teacher Schedule to pertinent school administration. For any questions or additional documentation, please contact Scot Wilson, Vice President of Academics, at swilson@closeup.org or (703) 706-3487.