

**SCHOOL DISTRICT OF WHITEFISH BAY**

1200 East Fairmount Avenue  
Whitefish Bay, Wisconsin 53217

**PRE-APPROVAL FOR ADVANCED LEARNING**

All training and/or coursework, regardless of on-campus, off-campus, or Internet is expected to contain appropriate rigor, research and reflection befitting a university level course. A syllabus may be requested for any/all courses.

Submit a separate form for each instance of Advanced Learning: Advanced degree, WI DPI teacher, pupil services or administrator license/certification, National Board Professional Teacher Standards (NBPTS) Certification, or American Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence.

Advanced Learning qualifies for a raise upon the initial granting of the qualifying degree, license or certification; renewals of licenses and certifications do not qualify.

**Name:** \_\_\_\_\_ **Job Position:** \_\_\_\_\_

**School:** \_\_\_\_\_ **CU** \_\_\_\_\_ **RI** \_\_\_\_\_ **MS** \_\_\_\_\_ **HS**

**Advance Learning Requested:**

- \_\_\_\_\_ National Board for Professional Teaching Standards (NBPTS) Certification
- \_\_\_\_\_ New WI DPI Teacher or Administrator Certification/License
- \_\_\_\_\_ Advanced Degree: \_\_\_\_\_ MS/MA \_\_\_\_\_ EdS \_\_\_\_\_ EdD \_\_\_\_\_ PhD
- \_\_\_\_\_ American Speech-Language-Hearing Association (ASHA) Certification

Please explain: 1. How will this Advanced Learning help you to improve in your current assignment or prepare you for a potential future assignment?

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2. How will it impact student learning and/or the school district?

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**Complete the appropriate section corresponding to your Advanced Learning program:**

**NBPTS Certification or ASHA Certification**

1. Month/year beginning program \_\_\_\_\_ Anticipated month/year completing program \_\_\_\_\_
2. NBPTS certificate area (one of 25) or ASHA specialty area (if applicable) \_\_\_\_\_

**Additional WI DPI Certification/License or Advanced Degree (MS/MA, EdS, EdD, PhD)**

1. Name of license/certification or advanced degree \_\_\_\_\_
2. WI DPI license Number (if applicable) \_\_\_\_\_
3. Month/year beginning program \_\_\_\_\_ Anticipated month/year completing program \_\_\_\_\_
4. Check one: \_\_\_ On-campus program \_\_\_ Off-campus program \_\_\_ Internet-based \_\_\_ Blended program
5. Name, address, and phone number of institution \_\_\_\_\_  
\_\_\_\_\_
6. Number of new credits necessary to earn this license/certification or advanced degree \_\_\_\_\_

**\*\*** These course credits cannot overlap with any other course credits for another license/certification or advanced degree.

*Example 1:* You are working toward a 317 Reading Specialist License and a 395 ESL License. A three-credit course overlaps/counts toward both licenses, you can only list that course once on all Advanced Learning Pre-Approval Forms.

*Example 2:* You are working toward a master's degree in Educational Administration and earning a Principal License(51), with two overlapping courses in those two programs. You will list the courses on your advanced degree pre-approval form and do NOT list them again on your certification/license pre-approval form.

7. List course titles and university-assigned course numbers (use addition page if needed):

<u>Title</u>	<u>No.</u>	<u>Title</u>	<u>No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Submit this form to the Human Resources (HR) Department for pre-approval. Upon completion of the advanced degree or certification, send a copy of the proof of completion/certificate to the HR Department. The corresponding Advanced Learning raise will be incorporated into the next school year's salary and in accordance with the Instructional Employee Handbook.**

**\*\*\*The deadline for submission of Advanced Learning proof of completion is September 30 of each year.\*\*\***

THIS BOX FOR ADMINISTRATIVE/HUMAN RESOURCES USE ONLY

Date received in Human Resources: \_\_\_\_\_

Advance Learning Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Compensation Pre-Approved: \$\_\_\_\_\_. \_\_\_\_ Date entered on budgeting spreadsheet: \_\_\_\_\_

THIS BOX FOR BUSINESS OFFICE USE ONLY

Completion Date: \_\_\_\_\_