



4670 11th Street East Moline, IL 61244 309-796-2500 Fax 309-796-2911

Microcredential Request

One Microcredential at a time, per request. Additional Microcredentials may be requested after completion of previously approved Microcredential.

I,	, am requesting approval for the following		
	(Employee Name)		
Microcredential area indicated below. I agree to watch all assigned videos from start to finish and earn an 80% or better on the associated quizzes, completing these tasks outside of contracted			
			<u>hours</u> . I will
upon comple	tion of the Microcredential area. I am rec	questing approval for the ONE	
Microcreden	tial topic selected below:		
	☐ AAC (Alternative and Augmenta	ative Communication) Series	
	 □ Behavior Series for Paraprofessionals □ Executive Functioning □ Introduction to Autism for Paraprofessionals 		
	☐ Paraprofessional Series		
	☐ Visual Supports		
	Employee's Signature	 Date	
*****		************	
	Supervisor's Signature	Date	
Approved	Not Approved	-	
Reason for N	ot Approved:		
Director's Signature		Date	