SUWANNEE COUNTY SCHOOL DISTRICT PROFESSIONAL DEVELOPMENT
Inservice Roster of Participants

Budget Source_____
(Ex. K-12 Reading, ESE, Title I, Title II, etc.)
No Cost _____

Workshop Title: _____
►**Description of Workshop/Training must be attached (desired outcomes/objectives for the training to ensure alignment with the intended objectives; plans for one or more approved follow-up activities, etc.)**
Workshop Date(s):_____
Component Name: _____
Facilitator's Signature*: _____

Workshop Beginning/Ending Times: _____ to _____
Lunch: _____ to _____
Workshop Location: _____
Component #: _____
Instructor's Signature*: _____

I certify that those receiving in-service points under the component have completed the training and follow-up activities.

Primary Purpose (check one)		Delivery Method (check one)		Follow-up Method (check the one most participants will use)		Evaluation Method/Student[9] (check the one most participants will use)		Evaluation Method/Staff[10] (check the one most participants will use)	
A	Add-On Endorsement[1]	A	Workshop	M	Structured Coaching/Mentoring [6]	A	Results of district-developed/standardized student test	A	Changes in classroom practice
B	Alternative Certification	B	Electronic, Interactive	N	Independent Learning/Action Research related to training [7]	B	Results of school/teacher-constructed student test	B	Changes in instructional leadership practices
C	Florida Educators Certificate Renewal	C	Electronic, Non-Interactive	O	Collaborative Planning related to training, includes Learning Community	C	Portfolios of student work	C	Changes in student services practices
D	Other Professional Certificate/License Renewal	D	Learning Community/Lesson Study Group	P	Participant Product related to training [8]	D	Observation of student performance	D	Other changes in practices
E	Professional Skill Building [2]	F	Independent Inquiry	Q	Lesson Study group participation	F	Other performance assessment	Z	Did not evaluate staff outcomes
F	W. Cecil Golden Prof. Dev. Prog. for School Leaders [3]	G	Structured Coaching/Mentoring [5]	R	Electronic – Interactive	G	Did not evaluate student outcomes		
G	Approved District Leadership Development Program [4]			S	Electronic – non-interactive				

Documentation of Follow-Up Activity & Participant Evaluation form(s) are on file at school.
Sign _____ **Date**_____

If Follow-Up Activity was included in the initial training, insert a check mark _____
(Only initial training points will be awarded)

PRINT Name	Last 4 Digits Social Security Number	School	ESE Y/N	Insert Multiple Attendance Dates of Workshop (Participant *must initial* beneath each date attended to receive points)					Points for Initial Training	Points for Follow Up Activities	Total Points
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►*A follow-up activity is required if points earned are to be used for certificate renewal. Follow-up forms must be turned in to the Human Resources Department within 45 days of a completion except sustained training, study group, learning community, or action research must be turned in within 30 days of final training or group session.*

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Primary Purpose: [1] An out-of-field teacher for whom the most critical and primary purpose of the inservice is "add-on" endorsement.

[2] All Non-Certified personnel should be included in this category. Certified personnel may be included only if none of the other categories are appropriate.

[3] As part of an approved district leadership development program, professional development offerings provided through the W. Cecil Golden Professional Development Program for School Leaders, S.B.E. 6A-5.081(2)(d)1

[4] As part of an approved district leadership development program, professional development offerings NOT provided through the W. Cecil Golden Professional Development Program for School Leaders. S.B.E. 6A-5.081(2)(d)1

Delivery Methods: [5] May include one-on-one or small group instruction by a coach/mentor with a teacher with specific learning objectives

Follow Up Methods: [6] May include direct observation, conferencing, oral reflection and/or lesson demonstration

[7] Should include evidence of implementation

[8] May include lesson plans, written reflection, and audio/videotape, case study, samples of student work

Evaluation Methods: [9] **Students:** To the satisfaction of the professional developer, each individual will complete one or more of the following evaluation methods following implementation of professional development strategies.

[10] **Staff:** The purpose of this element of the evaluation system is to assess the long-term impact of the professional development on student performance.

BANKABLE: Component number with the middle three numbers either 013 or 700-705, e.g.: 1-013-007 and 1-702-006

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