

SCHOOL BOARD OF BRADFORD COUNTY, FL
PROFESSIONAL DEVELOPMENT RECORD (ESE Staff)

For OFFICE USE Only:

Component Number _____ Data Elements _____ - _____ - _____ - _____

Follow-up Completion Date _____ Points awarded _____

Assistant Superintendent's signature _____

Date signed _____ Data entry of points on _____ by _____

For PARTICIPANT Use:

Complete this form if you attend an out of district workshop. Attach Agenda.

NAME _____ Work location _____

Name of Activity _____

Instructor/Facilitator Name _____

Date(s) of Activity _____

List dates & description for all activities related to this training. Include all initial and support activity dates. Use additional pages if needed. Attach PDR0004 - Time and Activity Log, showing follow-up details & AGENDA. Documentation forms may be downloaded from district website: www.mybradford.com

DATES	DESCRIPTION

Date activity (including all support and follow-up activities) concluded. _____

Describe the student impact in planning this activity. _____

Explain how this activity relates to the School Improvement Plans in the district/schools.

Indicate which of the following areas was addressed by this training:

____ Sunshine State Standards

____ Technology

____ School Safety

____ Subject Content

____ Classroom Management

____ Teaching Methods

____ Assessment & Data Analysis

____ ESE

Explain how this activity relates to your PDP. _____

What strategies were used in this activity? _____

Was training sufficiently sustained and intense to ensure mastery? _____
Explain how you transferred knowledge from this activity to the instructional methods utilized in your classroom

Explain how technology was utilized in this professional development activity _____

Describe the student impact that has occurred as a result of this activity _____

Explain how student impact was measured. Indicate how impact on students was determined, such as standardized tests, teacher-made tests, portfolios and checklists. _____

Have you reviewed this professional development activity with your principal or supervisor? _____

Number of hours for initial activity _____ Number of hours for support activity _____

Total number of points _____

Participant's signature _____

Date _____

IN ORDER TO RECEIVE CREDIT, SUPPORTIVE DOCUMENTATION MUST BE ATTACHED, INCLUDING AGENDA FROM WORKSHOP.

This section to be completed by principal or supervisor.

I have reviewed this professional development activity with the teacher. YES NO

This activity addresses the objectives of the teacher's PDP. YES NO

In my opinion the teacher devoted enough time to this activity to ensure mastery of needed skills. YES NO

I have observed the teacher utilizing the skills learned from this activity. YES NO

This professional development activity relates to the School Improvement Plan. YES NO

I approve this teacher's request for in-service points. YES NO

Principal/Supervisor signature _____ Date _____