

SCHOOL BOARD OF GADSDEN COUNTY, FL

Post-Participation Phase

NOTE: Please complete this form following the conclusion of an activity. Points may be earned by:
 (1) A combination of direct instruction **and a support activity; or**
 (2) A combination of hours of attendance at a course, conference, or workshop, **and a support activity.**

For College Course Credit conversion you must get prior approval from your supervisor and attach a copy of your transcript, grade report, or letter from instructor

IN-SERVICE CREDIT APPROVAL

Name: _____ SS# _____ School / Cost Center _____

Describe the content of the activity/conference/in-service event you plan to attend/accomplish: _____

Date(s) of the event: _____ Location: _____ Estimated # of In-Service Points: _____
 (1 hour = 1 point)

SUPPORT ACTIVITY

In order to receive credit for this activity, you must complete this section & attach documentation (Please see documentation checklist below)

Describe activity completed and explain how it ensures the utilization and application of this learning. (Examples: lesson plans, research, additional reading, classroom visitation/demonstration, creation of learning materials.) _____

Number of hours/points for support activity: _____ Verification of Completion: _____

Participant Signature _____ Date _____

(Documentation must be attached for support activities.)

*Documentation must be submitted by June 15 to be counted as credit for the current school year.

Principal's Signature _____ Date _____

PRIMARY PURPOSE	DELIVERY METHOD	FOLLOW-UP METHOD	EVALUATION METHOD
<input type="checkbox"/> A – Add-on Endorsement <input type="checkbox"/> B – Alternate Certification <input type="checkbox"/> C – FL Educator’s Certificate Renewal <input type="checkbox"/> D – Other Professional Certificate/License Renewal <input type="checkbox"/> E – Professional Skill Building	<input type="checkbox"/> A – Workshop <input type="checkbox"/> B – Electronic, Interactive <input type="checkbox"/> C – Electronic, Non-Interactive <input type="checkbox"/> D – Study Group/Learning Community <input type="checkbox"/> E – Action Research <input type="checkbox"/> F – Independent Study	<input type="checkbox"/> M – Structured Coaching/Mentoring <input type="checkbox"/> N – Action Research <input type="checkbox"/> O – Collaborative Planning <input type="checkbox"/> P – Participant Product <input type="checkbox"/> Q – Study Group Participation <input type="checkbox"/> R – Electronic, Interactive <input type="checkbox"/> S – Electronic, Non-Interactive	<input type="checkbox"/> A – District-developed/ Standardized Student Test Results <input type="checkbox"/> B – School-constructed Student Test Results <input type="checkbox"/> C – Portfolios of Student Work <input type="checkbox"/> D – Checklists of Student Performance <input type="checkbox"/> E – Charts & Graphs of Student Progress <input type="checkbox"/> F – Other Performance Assessment

TOTAL POINTS EARNED

FOR OFFICE USE ONLY

Please indicate total points requested.

_____ Initial In-Service Participation Points

_____ Support Activity Points

_____ **Total Points**

DOCUMENTATION CHECKLIST (Check ✓ below)

- _____ program agenda(s)
- _____ roster
- _____ activity log
- _____ lesson plans
- _____ independent project showing application of training activity
- _____ summary of related reading material

Component # _____

Director of Instructional Staff Development _____ / Date _____

Data entry completed on _____ by _____

SCHOOL BOARD OF BRADFORD COUNTY, FL
Professional Development Record – Pre-Participation Phase
Independent Activity

Check <input checked="" type="checkbox"/> one below:
<input type="checkbox"/> Instructional
<input type="checkbox"/> Administrative
<input type="checkbox"/> Non-Instructional

Prior to attending an in-service event, registering for a college course, or completing an otherwise independent activity, fill out this section and **submit to Principal or Supervisor for approval.** Completed Independent Professional Development Plan Forms must be received by June 15th to be entered as credit for the current school year.

IN-SERVICE CREDIT PRE-APPROVAL

Name: _____ SS# _____ School/Cost Center _____

Describe the content of the activity/conference/in-service event you plan to attend/accomplish: _____

Date(s) of the event: _____ Location: _____ Estimated # of In-Service Points: _____
 (1 hour = 1 point)

COMPONENT TYPES

Circle the component name below for which you are requesting in-service points:

Comprehensive Annual School Improvement	Professional Development Plan System Focus Areas	Add-On Certification & Endorsement Plans	Effective School Management & Instructional Leadership	Required Training	Components Not Leading to Certification
School Improvement <i>(Use to credit participation in SIP development, implementation, and data collection and analysis)</i>	Sunshine State Standards Subject Content Teaching Methods Assessment & Data Analysis Technology Classroom Management School Safety	Coaching ESE ESOL Gifted	Educational Leadership OPPAGA Procedural/Legal Requirements School Principal Teachers as Leaders <i>(Above components will address specific content identified in each district's approved HRMD Plan)</i>	Clinical Education Code of Ethics ESOL Multi-Cultural Sensitivity OSHA Child Abuse Prevention Substance Abuse Prevention	Cafeteria Management Custodians New Teacher Orientation Para-professionals/Aides Pre-school/Child Care Substitutes Support Personnel Transportation <i>(Above components address knowledge & skills related to job as required by Federal/State, district/school or sub contractor)</i>

Applicant's Name (Please Print) _____

Principal's Pre-Approval _____
 (Signature indicates activity correlates with School Improvement Plan and teacher's PDP)

SCHOOL BOARD OF BRADFORD COUNTY, FL PROFESSIONAL DEVELOPMENT RECORD

Name _____ Work location _____
 Name of Activity _____
 Instructor/Facilitator Name _____
 Date Activity Started _____

List dates & description for all activities related to this training. Include all initial and support activity dates. Use additional pages if needed.

DATES	DESCRIPTION

Date activity (including all support and follow-up activities) concluded. _____
 Describe the student achievement data that was utilized in planning this activity.

Explain how this activity relates to the School Improvement Plan.

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Sunshine State Standards | <input type="checkbox"/> Technology | <input type="checkbox"/> School Safety |
| <input type="checkbox"/> Subject Content | <input type="checkbox"/> Classroom Management | <input type="checkbox"/> Teaching Methods |
| <input type="checkbox"/> Assessment & Data Analysis | | |

Explain how this activity relates to your PDP. _____

What learning 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 achievement gains that have occurred as a result of this activity _____

Explain how student success was measured. Indicate methods used 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.

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 or Supervisor signature _____

Date _____

For Office Use Only:

Component Number _____ Data Elements _____ - _____ - _____

Follow-up Completion Date _____ Points awarded _____

Assistant Superintendent's signature _____

Date signed _____

Date of data input to my-points.org _____ by _____

SCHOOL BOARD OF BRADFORD COUNTY, FL PROFESSIONAL DEVELOPMENT Workshop Evaluation

Rate the following statements by checking **AGREE** or **DISAGREE**.

DATE

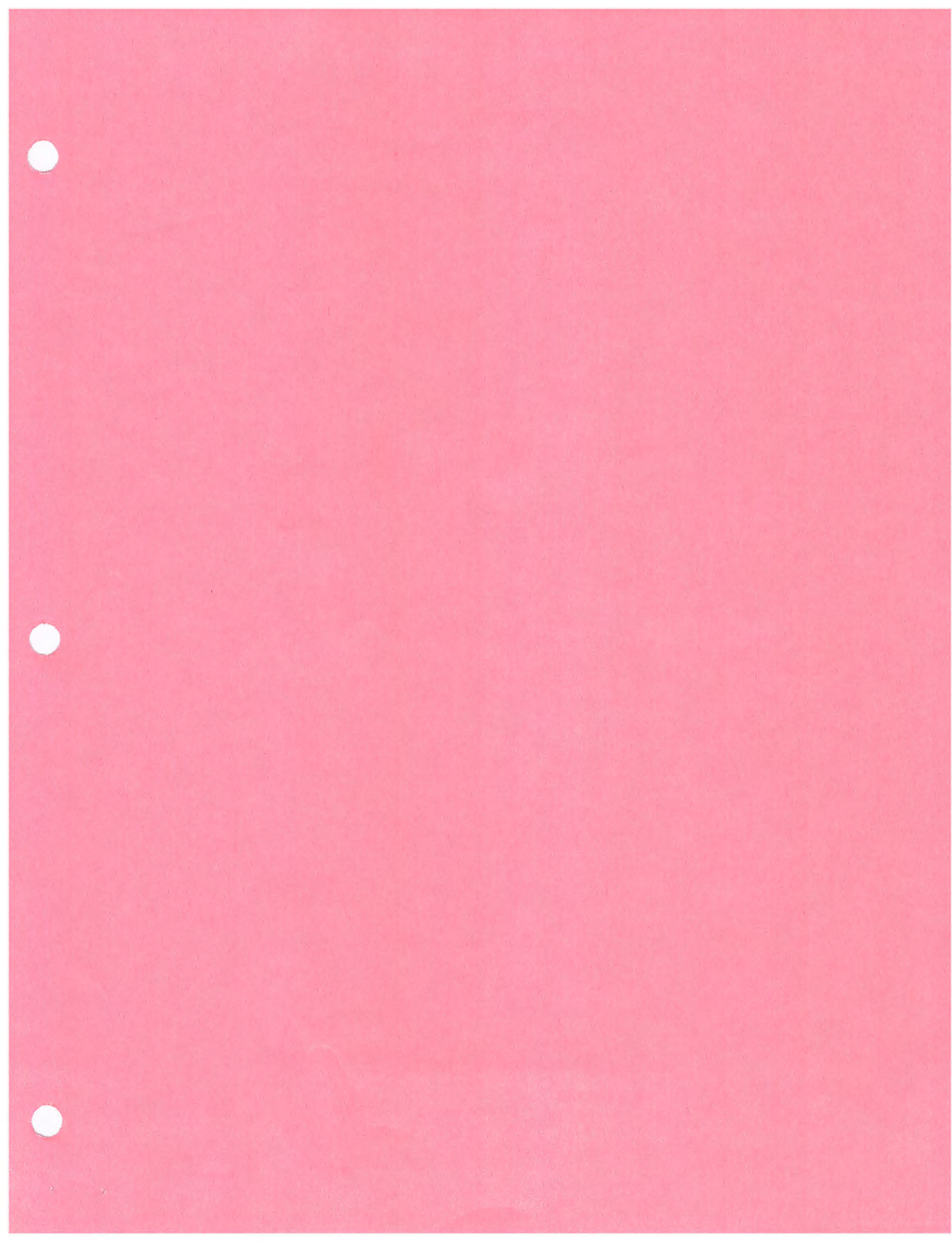
WORKSHOP TITLE

PRESENTER(S)

PLANNING	AGREE	DISAGREE
Individual Needs Assessment Attendance at this session meets my professional growth interests or my individual needs for professional development.		
Content (1) This session focused primarily on the Sunshine State Standards, subject content, teaching methods, technology, assessment & data analysis, classroom management, or school safety.		
Content (2) Content and concepts were thought provoking and relevant to my needs.		
DELIVERY		
Learning Strategies The training used learning strategies that applied knowledge of human development and learning.		
Relevance of Professional Development The training objectives reflect my professional growth objectives.		
FOLLOW-UP		
Transfer to Students I will be able to use the knowledge and/or skills learned in the training to instruct my students.		
Support Activities I plan to participate in follow-up activities thru the district.		
EVALUATION		
Implementation (1) I plan to apply newly learned knowledge and/or skills in the classroom.		
Implementation (2) I would be interested in incorporating the knowledge/skills gained in this session into an action research project at my school.		

Please complete the following sentence: I WILL USE THE INFORMATION OR TRAINING THAT I RECEIVED TO . . . _____

ADDITIONAL COMMENTS: _____



SCHOOL BOARD OF BRADFORD COUNTY, FL

Video/CD-ROM Summary Form

(Must be attached to PROFESSIONAL DEVELOPMENT RECORD-PDP0002 form)

Name _____

Program Title _____

Summarize major concepts and how will they improve student learning _____

Describe how you are using concepts learned from this program in your classroom/job _____

Program Title _____

Summarize major concepts and how will they improve student learning _____

Describe how you are using concepts learned from this program in your classroom/job _____

- ATTACH ADDITIONAL PAGES IF NEEDED
- Include all pages with the PDP 0002 & PDP 0003 forms for submission to Lisa Prevatt, Director of Curriculum

