

**Suwannee County School District
Individual Professional Development**

School/Department

FOLLOW-UP ACTIVITY

NAME _____ S.S. # (Last 4 digits Only) _____ (NOT ID #)

Workshop/Conference Name: _____ Location _____

Date(s) of Training _____ Component Name: _____ Component _____

A follow-up activity is required if inservice points earned are to be used for certificate renewal. All areas must be completed with principal or supervisor's signature. Submit completed form to the Office of Human Resources within 45 days of initial inservice activity.

Professional Development, Primary Purpose (check only one)

- _____ A. Add-On Endorsement
- _____ B. Alternative Certification
- _____ C. Florida Educators Certificate Renewal
- _____ D. Other Professional Certificate/License Renewal
- _____ E. Professional Skill Building
- _____ F. W. Cecil Golden Prof. Dev. Prog. For School Leaders
- _____ G. Approved District Leadership Development Program

Professional Development, Delivery Method (check only one)

- _____ A. Workshop
- _____ B. Electronic, Interactive
- _____ C. Electronic, Non-Interactive
- _____ D. Learning Community/Lesson Study Group
- _____ F. Independent Study (only in specific instances where the delivery method of a required component is unable to be completely aligned with the Standards may this be considered as an option)
- _____ G. Structured Coaching/Mentoring

Professional Development, Follow-Up Method (check only one)

- _____ M. Structured Coaching/Mentoring
- _____ N. Independent Learning/Action Research, related to training
- _____ O. Collaborative Planning related to training, includes Learning Community
- _____ P. Participants Product related to training
- _____ Q. Lesson Study group participation
- _____ R. Electronic-interactive
- _____ S. Electronic-non-interactive

Professional Development, Evaluation Method/Student (check only one)

- _____ A. Results of district developed/standardized student test
- _____ B. Results of school/teacher constructed student test
- _____ C. Portfolios of student work
- _____ D. Observation of student performance
- _____ F. Other performance assessment
- _____ G. Did not evaluate student outcomes

Professional Development, Evaluation Method/Staff (check only one)

- _____ A. Changes in classroom practice
 - _____ B. Changes in instructional leadership practices
 - _____ C. Changes in student services practices
 - _____ D. Other changes in practices
 - _____ Z. Did not evaluate staff outcomes
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Attach documentation to this form and submit to the Office of Human Resources

TO BE COMPLETED BY PRINCIPAL/SUPERVISOR/TRAINER

Points Possible

Initial Training Points Possible _____
Follow-Up Points Possible _____

Points Earned

Initial Training Points Earned _____
Follow-Up Points Earned _____

TOTAL POINTS EARNED _____

Signature of Principal/Supervisor/Trainer

Signature of Participant

District Staff Development Office Use Only

Inservice Credit Approved for use in Certificate Renewal

Yes ____ No ____

POINTS _____

Office of Human Resources

Date

Posted By

Date