

# Suwannee County School District Professional Development

## INDIVIDUAL Time and Activity Log

Individual's Name \_\_\_\_\_ School/Site \_\_\_\_\_

Study Group Facilitator \_\_\_\_\_ Title of Group \_\_\_\_\_

Component Name \_\_\_\_\_ Component # \_\_\_\_\_

**This log was used to document the following:**

<p style="text-align: center;"><b><u>Delivery Method</u></b> (Check One)</p> <p>_____ (A) Workshop</p> <p>_____ (B) Electronic, Interactive</p> <p>_____ (C) Electronic, Non-Interactive</p> <p>_____ (D) Learning Community/Lesson Study Group</p> <p>_____ (F) Independent Inquiry</p> <p>_____ (G) Structured Coaching/Mentoring</p>
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<p style="text-align: center;"><b><u>Follow-Up Method</u></b> (Check One)</p> <p>_____ (M) Structured Coaching/Mentoring</p> <p>_____ (N) Independent Learning/Action Research related to training</p> <p>_____ (O) Collaborative Planning related to training</p> <p>_____ (P) Participant's Product related to training</p> <p>_____ (Q) Study Group Participation</p> <p>_____ (R) Electronic-interactive</p> <p>_____ (S) Electronic-non-interactive</p>
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Date	Time	# of Hours	Activity
<b>Total Hours</b>			<i>Workshop/Action Research</i> Individual's Signature
<b>Total Hours</b>			<i>Study Group</i> Facilitator's Signature