

Hamilton County Professional Development Roster of Participants

Workshop Title: _____

Workshop Beginning/Ending Times: _____

Lunch: _____

Workshop Date(s): _____

Workshop Location: _____

Component Name: _____

Component #: _____

Facilitator's Signature*: _____

Instructor's Signature*: _____

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

Primary Purpose <small>(check one)</small>			Delivery Method <small>(check one)</small>			Follow-up Method <small>(check the one most participants will use)</small>			Evaluation Method/Student <small>(check the one most participants will use)</small>			Evaluation Method/Staff <small>(check the one most participants will use)</small>		
	A	Add-On Endorsement		A	Knowledge Acquisition		M	Structured Coaching/Mentoring		A	Results of State or district-developed/standardized student Growth Measure(s)		A	Changes in Instructional or Learning Environment Practices
	B	Alternative Certification		B	Electronic, Interactive		N	Independent Learning/Action Research related to training		B	Results of school/teacher-constructed Student Growth Measure(d) That Track Student Progress		B	Changes in instructional Leadership or Faulty Development 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 Support Practices
	D	Other Professional Certificate/License Renewal		D	Learning Community/Lesson Study Group		P	Participant Product related to training		D	Observation of student performance		D	Other changes in practices
	E	Professional Skill Building		F	Independent Inquiry		Q	Lesson Study		F	Other performance assessment		E	Fidelity of Implementation of the Professional Learning Process
	F	W. Cecil Golden Prof. Development Program for School Leaders		G	Structured Coaching/Mentoring		R	Electronic – Interactive		G	Did not evaluate student Outcomes (with staff evaluation)		F	Changes in Observed Educators Proficiency in Implementing Targeted State Standards or Initiatives
	G	Approved District Leadership Development Program		H	Implementation of "High Effect" Practice(s)		S	Electronic – non-interactive		Z	Did not evaluate student Outcomes		G	Changes in Observed Educators Proficiency in Practices that Occur Generally without Students Present
	H	No certification, Job Acquisition, or Retention		I	Job-Embedded		T	Evaluation of Practice						
				J	Deliberate Practice									

Bankable (check one) _____ Reading _____ ESOL _____ ESE _____	If Follow-Up Activity was included in the initial training, insert a check mark _____
-------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

Florida Educator Accomplished Practice (FEAP)

A. Quality of Instruction			B. Continuous Improvement, Responsibility and Ethics		
	A1.	Instructional Design and Lesson Planning		B1.	Continuous Professional Improvement
	A2.	The Learning Environment		B2.	Professional Responsibility and Ethical Conduct
	A3.	Instructional Delivery and Facilitation			
	A4.	Assessment			

Hamilton County Professional Development Roster of Participants

Workshop Title _____

Workshop Date/Time (s): _____

[illegible]