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| Workshop Title:  | Workshop Beginning/Ending Times: Lunch: |  to  to  |
| 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.***

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| **Primary Purpose***(check one)* | **Delivery Method***(check one)* | **Implementation Method***(check the one most participants will use)* | **Evaluation Method/Student***(check the one most participants will use)* | **Evaluation Method/Staff***(check the one most participants will use)* |
|  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  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/ActionResearch  | [ ]  B | Results of School/Teacher-Constructed Student Growth Measure(s) | [ ]  B | Changes in InstructionalLeadership or Faculty Development Practices |
| [ ]  C | Florida Educators CertificateRenewal | [ ]  C | Electronic, Non-Interactive | [ ]  O | Collaborative Planning  | [ ]  C | Portfolios of Student Work | [ ]  C | Changes in Student Services/ Support Practices |
| [ ]  D | Other ProfessionalCertificate/License Renewal | [ ]  D | LearningCommunity/LessonStudy Group | [ ]  P | Participant Product  | [ ]  D | Observation of StudentPerformance | [ ]  D | Other Changes in Practices |
| [ ]  E | Professional Skills Building – Non Instructional | [ ]  F | Independent Inquiry | [ ]  Q | Lesson Study  | [ ]  F | Other Performance Assessments | [ ]  E | Fidelity of Implementation of the Professional Learning Process |
| [ ]  F | W. Cecil Golden Prof. DevelopmentProgram for School Leaders | [ ]  G | StructuredCoaching/Mentoring | [ ]  R | Electronic – Interactive | [ ]  G | Did Not Evaluate StudentOutcomes (evaluated with staff evaluation) | [ ]  F | Changes in Observed Educator Proficiency in Implementing Targeted State Standards or Initiatives |
| [ ]  G | Approved District LeadershipDevelopment Program |  [ ]  H | Implementation of “High Effect” Practice(s) | [ ]  S | Electronic – Non-Interactive | [ ]  Z | Did Not Evaluate StudentOutcomes | [ ]  G | Changes in Observed Educator Proficiency in Practices that Occur Generally without Students Present |
| [ ]  H | No certification, Job Acquisition, or Retention Purposes | [ ]  I | Job Embedded | [ ]  T | Evaluation of Practice Indicators |  |  |  |  |  |  |
|  |  |  | [ ]  J | Deliberate Practice |  |  |  |  |  |  |  |  |  |
|  |  |  |  [ ]  K | Problem Solving Process |  |  |  |  |  |  |  |  |  |

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| **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 |  |  |  |

| **Bankable** (check one) **\_\_\_\_\_\_Reading \_\_\_\_\_\_ESOL\_\_\_\_\_ ESE\_\_\_\_\_\_** |
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| **PRINT** Name | School | Insert Multiple Attendance Dates of Workshop (Participant ***must initial*** beneath each date attended to receive points | Points for Initial Training | Points for Implementation Activities | TotalPoints |
| Date | Date | Date | Date |
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