

Okeechobee County Participant Roster

Date(s): _____

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|---------------------|-----------|-----------------|--------------|-------------------|--------------|-----------------------|
| PD Activity: | | Contact Person: | | | Component #: | |
| Start and End Time: | | Time for Lunch: | | Total # of Hours: | | Total Payroll Amount: |
| Fund: | Function: | Object: | Cost Center: | Project #: | Hourly Rate: | |

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| Primary Purpose: A - Add-on Endorsement B - Alternative Certificate C - Florida Educator Certification D - Other Professional Certification/License E - Professional Skill Building F - W. Cecil Golden PD for School Leaders G - District Leadership Program H - No certification, Job acquisition or retention purposes | Learning Method: A - Knowledge Acquisition (workshop) B - Electronic, Interactive C - Electronic, Non-Interactive D - Learning Community/ Lesson Study Group F - Independent Study G - Structure Coaching/ Mentoring H - Implementation of "High Effect" practices I - Job Embedded: Modeling J - Deliberate Practice K - Problem Solving Process | Implementation Method: M - Structure Coaching/Mentoring (may include direct observation, conferencing oral reflection and/or lesson demonstration) N - Independent/Action Research Related to Training (should include evidence of implementation) O - Collaborative Planning Related to Training (include learning community) P - Participant Product (may include lesson plans, written reflection, audio/video tape, case study, or sample of student work) Q - Lesson Study Group Participation R - Electronic - Interactive S - Electronic - Non-Interactive T - Evaluation of Practice Indicators | Evaluation Method - Student: A - District Developed / Standardized Student Test Results 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 | Evaluation Method - Staff: A - Changes in Classroom Practice B - Leadership Practices C - Changes in Student Services D - Other Changes in Practices E - Fidelity of Implementation F - Changes in Educator Implementation G - Changes in Educator Practices Professional Development Category: -Achievement Data Analysis -RRR in Content Areas -Classroom Management -Formal/Informal Student Assessment -Subject Area Content -Parent Involvement -Differentiated Instruction -Instructional Technology -School Safety |
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| NAME PRINTED | Position | School / Dept. | Initial for EACH DATE for Attendance | | | | | Total Inservice | Payroll Amount Due |
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| | | | Date | Date | Date | Date | Date | | |
| Please write neatly so we can read your name. | | | | | | | | | |
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| Principal/Supervisor: _____ | Date: _____ |
| Inservice Record: _____ | Payroll: _____ |