**Okeechobee County School Board**

**Participant Roster**

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| **PD Activity**: | **Contact Person:** | **Component #:** |
| **Date(s):** | **Start and End Time:** | **Time for lunch:** | **Total # of hours:** |
| **Fund:** | **Function:** | **Object:** | **Cost Center:** | **Project #:** | **Hourly rate:** | **Total payroll amount:** |
| **Primary Purpose****□ A –** Add-on Endorsement**□ B –** Alternative Certificate**□ C –** Florida Educator Certification Renewal**□** **D –** Other Professional Certification/License Renewal**□ E –** Professional Skill Building**□ F –** W. Cecil Golden PD for School Leaders**□ G –** Approved District Leadership Program□  **H-** No certification, job acquisition or retention purposes**.**  | **Learning Method****□ A –** Workshop**□ B –** Electronic, Interactive**□ C –** Electronic, Non-Interactive**□ D –**Learning Community/Lesson Study Group**□** **F –**Independent Study**□ G-** Structured Coaching/ Mentoring □ **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 PlanningRelated to Training, IncludesLearning Community□ **P –** Participant Product (mayinclude lesson plans, written reflection, audio/video tape, casestudy, 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-TeacherConstructed Student Test**□ C –** Portfolios of Student Work**□** **D –** Observation of Student Performance**□** **F –** Other Performance Assessment**□** **G –** Did Not Evaluate Student Outcomes□ **Z**- No reliable measurement | **Evaluation Method- Staff**□ A- Changes in Classroom Practices□ 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 |
| **NAME PRINTED:** | **Position** | **School/****Dept.**  | ***Fill in Session Dates/Times and Initial under each day of attendance:*** |
|  |  |  |  |  |  |  |  |  | **Total Inservice** | **Payroll Amount Due** |
| **1.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Principal/Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional Development Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**