**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 Planning  Related to Training, Includes  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  □ **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**