**Okeechobee County Participant Roster**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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  **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-** Structured 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, 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 | | | | | | | | **Evaluation Method- Staff**   1. 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.** | | | **Initial for each date for attendance** | | | | | | | | | | | | | | | | | | | | |
| **Date** | **Date** | | | **Date** | **Date** | | **Date** | | | **Date** | **Date** | | | **Date** | | **Date** | | **Total Inservice** | | **Payroll Amount Due** |
| **1.** | |  |  | | |  |  | | |  |  | |  | | |  |  | | |  | |  | |  | |  |
| **2.** | |  |  | | |  |  | | |  |  | |  | | |  |  | | |  | |  | |  | |  |
| **3.** | |  |  | | |  |  | | |  |  | |  | | |  |  | | |  | |  | |  | |  |
| **4.** | |  |  | | |  |  | | |  |  | |  | | |  |  | | |  | |  | |  | |  |
| **5.** | |  |  | | |  |  | | |  |  | |  | | |  |  | | |  | |  | |  | |  |
| **6.** | |  |  | | |  |  | | |  |  | |  | | |  |  | | |  | |  | |  | |  |
| **7.** | |  |  | | |  |  | | |  |  | |  | | |  |  | | |  | |  | |  | |  |
| **8.** | |  |  | | |  |  | | |  |  | |  | | |  |  | | |  | |  | |  | |  |
| **9.** | |  |  | | |  |  | | |  |  | |  | | |  |  | | |  | |  | |  | |  |
| **10.** | |  |  | | |  |  | | |  |  | |  | | |  |  | | |  | |  | |  | |  |
|  | |  |  | | | **Total for this sheet** | | | | | | | | | | | | | | | | | |  | |  |

**Principal/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Inservice record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**