

Putnam County School District Inservice Roster of Participants

Paid: Yes No

Workshop Title/Topic: _____

Dates: _____

Instructor's Name: _____

Instructor's Signature: _____

Location of Workshop: _____

Times: Start _____ / End _____

Lunch: From _____ **to** _____

Primary Purpose <i>(check one)</i>	Instructional Delivery <i>(check one)</i>	Follow-up Method <i>(check one)</i>	Evaluation Method <i>(check one)</i>
<input type="checkbox"/> A Add-on Certification	<input type="checkbox"/> A Workshop	<input type="checkbox"/> M Structured Mentor/Coaching	<input type="checkbox"/> A Results of District-Developed/ Standardized Student Test Results
<input type="checkbox"/> B Alternate Certification	<input type="checkbox"/> B Electronic, Interactive	<input type="checkbox"/> N Action Research Related to Training	<input type="checkbox"/> B Results of School-Constructed Student Test
<input type="checkbox"/> C Florida Educators Certificate Renewal	<input type="checkbox"/> C Electronic, Non-Interactive	<input type="checkbox"/> O Collaborative Planning Related to Training	<input type="checkbox"/> C Portfolios of Student Work
<input type="checkbox"/> D Other Professional Certificate/License Renewal	<input type="checkbox"/> D Study Group/Learning Community	<input type="checkbox"/> P Participant Product Related to Training	<input type="checkbox"/> D Checklists of Student Performance
<input type="checkbox"/> E Professional Skill Building	<input type="checkbox"/> E Action Research	<input type="checkbox"/> Q Study Group Participation	<input type="checkbox"/> E Charts and Graphs of Student Progress
<input type="checkbox"/>	<input type="checkbox"/> F Independent Study	<input type="checkbox"/> R Electronic, Interactive	<input type="checkbox"/> F Other Performance Assessment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> S Electronic, Non-Interactive	<input type="checkbox"/>

Name Please Print Example: John Doe	Last 4 Digits of Social Security Number 7890	School/Position Moseley/VE Teacher	Attendance Please Initial Beneath Dates/Hours					Email Address me@putnamschools.org	Inservice Points		
									Initial	Supp	Total
			/	/	/	/	/	@putnamschools.org			
			/	/	/	/	/	@putnamschools.org			
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