**Okeechobee County 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 **D –** Other ProfessionalCertification/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 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 | **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 AnalysisRRR in Content AreasClassroom ManagementFormal/Informal Student AssessmentSubject Area ContentParent InvolvementDifferentiated InstructionInstructional TechnologySchool 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**