DIXIE COUNTY SCHOOLS

In-service Implementation Form

(A support activity is required if points are to be used for certificate renewal.)

NAME:	
SCHOOL/WORK SITE:	
INSTRUCTOR/WORKSHOP FACILITATOR:	
NAME OF WORKSHOP ATTENDED:	
DATES OF WORKSHOP:	
(<u>ALL</u> information above must be completed fo	r staff development points to be awarded)
Did you receive a Certificate of Comple	tion (circle one): YES NO
SUPPORT ACTIVITIES	
The following Support Activities were completed as an extension to the workshop: Indicate number of activity hours below only for those, which are applicable.	
Additional Reading (summary required)	Create Lesson Plan
Model or Demonstrate to Faculty	Learning Community
Action Research	Observe Other Teachers
Web Based	Other

COMPLETION VERIFICATION

Number of Hours (Points) Spent in Support Activity (may not exceed # of the workshop's direct instructional hours)	
Support Activity Points	
Total Points	
Your Signature	Date

Submit completed form to Buddy Schofield at Instructional Services (with written documentation attached) within 30 working days of completion of workshop in order to receive staff development points.

Submit your follow-up within 30 WORKING DAYS of the training / workshop. Follow-up submitted after 30 working days will not be accepted.

Name: Your Name

School / Work Site: Your job location assignment (AES, DCHS, OTES, RRMS, etc.) Instructor / Workshop Facilitator: Who was the instructor for the workshop / training? Name of Workshop: What was the name of the workshop? Dates of the Workshop: List all dates of the workshop

Did you receive a certificate of completion for this workshop / training?

- Yes: Attach a copy of the certificate to this follow-up form along with an agenda if the numbers of hours / credits are not listed on the certificate. Follow-up is embedded into the workshop / training when certificates of completion are issued. Therefore, a certificate of completion is worth only what is listed on the certificate and additional follow-up cannot be done to receive additional points.
- No: Complete this form and attach appropriate documentation as listed below.

Support Activities:

Write the number of hours spent on the activity in the area provided

- <u>Additional Reading (summary required)</u>: Attach a summary of what you read, <u>approved and</u> <u>signed by your principal</u>, listing all materials read, documenting number of hours spent on the additional reading in the summary.
- <u>Model or Demonstrate to Faculty</u>: Have your principal approve your demonstration. Attach a summary, including the date(s) and time(s), of your demonstration signed by the principal.
- <u>Action Research</u>: Summary of project with date(s) and time(s) included approved and signed by principal.
- <u>Web Based</u>: Summary of web based project including date(s) and number of hours spent on project signed by principal.
- <u>Create Lesson Plan</u>: Highlight on the lesson plan the support activity that demonstrates you used what you learned from the workshop / training. Beside each highlighted activity write the number of hours spent on this activity. The time spent on support activities must match what is listed under "Completion Verification Support Activities".
- <u>Learning Community</u>: Summary to include name of participants, dates and number of hours spent on the project signed by principal.
- <u>Observe Other Teachers</u>: Summary of your observation with date(s) and number of hours spent observing signed by principal.
- <u>Other</u>: Activity approved by principal. Summary of activity including date(s) and number of hours spent on the activity signed by principal.

Completion Verification:

- <u>In-service Participation Points</u>: This is the number of hours spent at the training / workshop (do not include lunch or breaks). An agenda must be attached documenting the date(s) and hours.
- <u>Support Activity</u>: This is the number of hours spent on support activities as listed above.
- <u>Total Points</u>: Add the in-service and support activities points together.

Sign the Form

Date: Date this form is completed and mailed to Certification Specialist.