



For Office Use Only	
Component #:	_____
Area:	_____
# of Points:	_____
Approval:	_____

**Seminole County Public Schools, Florida
Non-District Sponsored Inservice Activity**

Instructional Personnel

Name: _____ Employee ID #: _____

School: _____

Program: _____ Location: _____

Beginning Date: _____ Ending Date: _____

The primary focus of this Professional Development is: (Check ONLY one)

- | | |
|--|---|
| <input type="checkbox"/> Subject-Specific Content | <input type="checkbox"/> Technology Integration |
| <input type="checkbox"/> Data Analysis | <input type="checkbox"/> Classroom Management |
| <input type="checkbox"/> Formal & Informal Assessments | <input type="checkbox"/> Parent Involvement |
| <input type="checkbox"/> Differentiated Instructional Strategies | <input type="checkbox"/> School Safety |

Please list the program session(s) attended:

Title	Speaker	Date	Program Times		Number of Hours
			Start	End	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total number of clock hours spent in the program session(s): _____

Note: Points are awarded for contact time only. Points cannot be awarded for lunch, breaks, or transition times.

Important – Please attach the following items to this form:

1. A copy of the program agenda
2. A copy of the certificate of completion (if received)
3. A ¾ to 1 page report (100 words minimum) about the program. Explain the value of this experience to you, your students, and/or your job responsibilities. How will you implement the knowledge, ideas, and/or skills gained through this activity?

Please send this completed form and attachments to the Professional Development Department.