

INSERVICE COMPONENT RECORD INSTRUCTIONS

Requirements for Inservice Credit

(Please use ink, blue or black preferred)

Component Number – complete number as listed in Master Inservice Plan (MIP)
(example – 9 090 909 R) - MIP is on Certification/Professional Development’s website

Start Date End Date – month, day, year (example – 07/31/12)

Person Responsible for Record Keeping – Site Inservice Representative or District person

School or Department Name – “Person Responsible for Records,” School name or Dept. name should be written out, not the school /Dept. number

Descriptive Title – brief description of inservice (example – Engaging Students in Learning)

Instructor – name(s) of workshop instructor

Location of Inservice – workshop location (example – Titusville High, Media Center)

Start Time End Time – hours of workshop (example – 08:00 AM – 3:30 PM)

Objectives – number(s) of Specific Objectives in Master Inservice Plan (MIP); list all that apply

Learning Method:

A one-character code to describe the primary means of instructional delivery of inservice component knowledge

<u>CODE</u>	<u>DESCRIPTION</u>
A	Workshop
B	Electronic, Interactive
C	Electronic, Non-Interactive
D	Study Group
E	Action Research
F	Independent Inquiry (includes Action Research)
G	Structured Coaching/Mentoring

Implementation Method:

A one-character code to describe the primary means prescribed to follow-up on inservice component knowledge acquisition

<u>CODE</u>	<u>DESCRIPTION</u>
M	Structured Mentoring/Coaching

N	Action Research
O	Collaborative Planning
P	Participant Product
Q	Study Group
R	Electronic – Interactive
S	Electronic – Non-Interactive

Evaluation Method (Student):

A one-character code to describe the primary means (50 percent or more) of evaluation of the professional development

<u>CODE</u>	<u>DESCRIPTION</u>
A	District- Developed/Standardized Student Test
B	School- Constructed Student Test
C	Student Portfolio
D	Checklist of Student Performance
E	Charts/ Graphs of Student Progress
F	Other Performance Assessment
G	Did-not Evaluate Student Outcomes

Evaluation Method (Staff):

A one-character code to describe the primary means of staff evaluation.

<u>CODE</u>	<u>DESCRIPTION</u>
A	Changes in Classroom Practices
B	Changes in Instructional Leadership Practices
C	Changes in Student Services Practices
D	Other Changes in Practices
Z	Did-not Evaluate Staff Outcomes

Signature of Person Responsible for Participants' Evaluations – signature and date of person that actually graded the evaluations

School/Department – participants' school or department number

Participant's Name – printed

Employee ID/Alt. ID Number – either employee ID or Alt-ID is required

Participant's Signature – required (unless an online course with no face-to-face meeting)

Inservice Dates – enter month and day in each box for multiple-day inservices
– enter “Assignments” or “Projects” if applicable

Hours Attended – total hours (not counting lunch) attended per day by each participant

Total Hours – total hours (excluding lunch) attended by each participant per inservice in half-hour increments (example – 8:00 AM-11:50 AM = 4.0, 8:00 AM- 3:30 PM (1 hr. lunch) = 6.5)

CC # - see “Completion Code” on component record under Follow-up Method

Activity Approval – signature required

One copy of Implementation/Follow-up must be attached – required

Make a copy of completed component records to keep with all Implementation/Follow-up in your files; send original component record to Professional Learning and Development.