*Component Number:		Date:
Workshop Nar	me:	-
Workshop Pre	esenter:	-
Participant Na	ame:	Cert. Exp.:
a. Ad b. Alto c. Flo d. Ott e. Pro	e primary purpose of this PD? (Please select one)* Id-on Endorsement Pernative Certification Porida Educators Certificate Renewal Pher Professional Certificate/License Renewal Pofessional Skill Building Pecil Golden Professional development Program for School Le	
g. Ap 2. What is the	proved Diocesan Development Program e primary means of the evaluation of this PD? (Please selections) eanges in classroom practices	
c. Ch d. Otl	nanges in instructional leadership practices nanges in student services practices her changes in practices d not evaluate staff outcomes	
3. What is the a. Re b. Re c. Po	te primary means of the evaluation of this PD, as it impacts sesults of diocesan-developed/standardized student test esults of school/teacher-constructed student test ortfolios of student work oservation of student performance	tudents? (Please select one)*
f. Did 4. What is th acquisition	her performance assessment d not evaluate student outcomes le primary means prescribed to monitor implementation of the n? (Please select one)*	
les b. Ind im	ructured coaching/mentoring (may include direct observation sson demonstration) dependent learning/action research related to training (shoul plementation)	d include evidence of
d. Pa e. Le f. Ele	ollaborative planning related to training, includes learning cor articipant product related to training esson study group participation ectronic- interactive ectronic- non-interactive	mmunity
5. What is the a. Wo b. Ele c. Ele d. Le e. Inc	ne primary means of instructional delivery of this PD component orkshop ectronic, interactive ectronic, non-interactive earning community/lesson study group dependent inquiry (includes, for example, action research)	
	ructured coaching/mentoring (may include one-on-one or sm ach/mentor with a teacher with specific learning objectives)	iaii group iristruction by a
Diocesan Office Use Only		
Criteria for successful completion:		
*Number of ho	ours awarded: *Needed for s	ummary reporting to the state