

SOUTHWEST KANSAS AREA COOPERATIVE DISTRICT #613
INSERVICE ACTIVITY REPORTING FORM

Date _____ Name _____

School _____ Job Assignment _____

LEVEL ONE - KNOWLEDGE Complete only Box A or Box B

Name and Location of Activity (Must be completed for Level One point requests):

Box A (e.g. workshop, seminars, conference, videotape, self study, training/coaching to colleagues, college courses [20 points per credit hour], etc.)

Points in this level are required prior to earning application and impact level points.

What do I know now that I did not know before? (attach another sheet if needed)

Check one: content related inservice professional related inservice

Box B Service to profession activity (e.g. QPA or faculty meeting, SIT teams; committee work)
Please explain purpose of activity

For activities exceeding five points, attach a printed program.
(Must be completed for all point requests)

Date _____ time _____

Date _____ time _____

Date _____ time _____

Total points _____

FOR PDC USE ONLY: (level 1)

Approved Yes No

Date: _____

Resubmit: Yes

Date: _____

PDC Chairperson - signature _____

LEVEL TWO - APPLICATION (e.g. samples or student work, lesson plans, etc.)

What am I doing now that is different than what I did before?

LEVEL THREE - IMPACT(e.g. pre/post tests, anecdotal records, project/portfolio summaries, etc.)

What are the results of my professional change?

FOR PDC USE ONLY: (level 2)

Approved: Yes No Points _____

Date: _____

Resubmit: Yes

Date: _____

PDC Chairperson - signature

FOR PDC USE ONLY: (level 3)

Approved: Yes No Points _____

Date: _____

Resubmit: Yes

Date: _____

PDC Chairperson - signature