

For Proposed Inservice Use Only

REVIEW DATE: _____
CERTIFICATION POINTS _____
SALARY POINTS _____
PDC CHAIRPERSON _____

INSERVICE ACTIVITY PLAN FOR STAFF DEVELOPMENT

WORKSHOP TITLE:
PRESENTER NAME(S):
DATE:
PLACE:
TIME:

SUFFICIENT ACTIVITIES TO PROVIDE STAFF	DESCRIBE TRAINING PLAN ACTIVITIES
*KNOWLEDGE	
DEMONSTRATION	
LOW RISK PRACTICE WITH FEEDBACK	
ON-THE-JOB PRACTICE WITH FEEDBACK	
FOLLOW-UP	
MAINTENANCE	

Please attach agenda and an example of a completed action plan with samples of possible evidence for impact and application.

*If inservice does not apply to student impact and/or application, no multiplier points will be awarded.

APPENDIX B