



MIAMI-DADE TEACHER EDUCATION CENTER

Staff Development

1080 Labaron Drive, Miami Springs, FL 33166

M-DCPS Mail Code: 9715 • Phone: (305) 887-2002 • FAX: (305) 884-8142

PROFESSIONAL CONFERENCE OR SEMINAR PARTICIPATION

- Materials must be received by TEC within thirty (30) days of the last session of the conference.
Evidence of attendance (i.e., registration receipt) must be attached to this form.
All information requested on this form must be provided by the participant or credit cannot be awarded.
The signature of the appropriate program or subject area administrator must be obtained to certify successful completion of the evaluation requirements.
Send this form to the Subject Area Administrator for processing.

Inservice Activity Information

Date: \_\_\_\_\_

Conference/Seminar: \_\_\_\_\_
Site: \_\_\_\_\_
Date(s): \_\_\_\_\_
Component Title: \_\_\_\_\_
Component #: \_\_\_\_\_ Subj. or Prog. Administrator: \_\_\_\_\_

(Print or Type)

Participant's Name: \_\_\_\_\_

M-DCPS Employee #: \_\_\_\_\_ Non-M-DCPS Employee SS #: \_\_\_\_\_

M-DCPS Work Location Name: \_\_\_\_\_ M-DCPS Work Location #: \_\_\_\_\_

Non-M-DCPS Employee Work Location Name and Address: \_\_\_\_\_

List each session attended: (Agendas will not be accepted)

Table with 3 columns: DATE, TIME (from/to), TOPIC. Includes three rows of blank lines for data entry.

Complete list of sessions on additional pages, if necessary, and attach.

(back)

**EVALUATION:** (Print or type)

Complete the evaluation items listed below:

1. List three (3) recent developments in the field of education applicable to your job assignment, and state three (3) trends that may impact your job assignment in the near future.
  
2. Describe the relationship of the above-listed three (3) recent developments and three (3) trends to your job assignment.
  
3. List two (2) ways the knowledge gained from this experience will impact student achievement.
  
4. List four (4) instructional or curriculum materials that can be incorporated into your educational program.

**Verification of Completion of Activities**

I verify that all information is correct.

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Date

Subject or Program Area: \_\_\_\_\_

I certify that the teacher identified above has successfully completed all of the evaluation requirements of the Miami-Dade Teacher Education Center Component Design.

\_\_\_\_\_

Subject or Program Area Administrator's Signature

\_\_\_\_\_

Date

**OFFICE USE ONLY**

TOTAL POINTS EARNED: \_\_\_\_\_ Date of approval and computer entry \_\_\_\_\_

By \_\_\_\_\_