

Sedgwick County Area Educational Services Interlocal Para Staff Development Activity Documentation Form

Name: _____

Date of Staff Development: _____ Training Site: _____

Staff Development Topic/Title: _____

- Knowledge Level:** _____ (one point per clock hour)
- Workshop
 - Video: (length) _____
 - Reading (# of pages): _____ Source: _____

- Application Level:** _____ (2 X's the # of Knowledge Level pts. earned)

Knowledge Level Activity applied to: _____

Description of Staff Development: (give name of presenter if there was one)

Knowledge Level: What did I learn? Application Level: How am I using what I learned?

Paraeducator's signature

Supervisor's signature

Please return this form to the SCAESIC office, 620 Industrial St., Box 760, Goddard, KS 67052, within 10 days of the staff development activity.

For Office Use Only:

- | | | |
|-----------------------------------|--------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Orientation | <input type="checkbox"/> Reading/Video |
| <input type="checkbox"/> Denied | <input type="checkbox"/> Training | <input type="checkbox"/> Application Para Facilitator _____ |