

**THE SCHOOL DISTRICT OF LEE COUNTY CURRICULUM AND STAFF DEVELOPMENT CENTER**

**INSERVICE RECORD AND ATTENDANCE FORM**

SCHOOL YEAR: \_\_\_\_\_ COURSE TITLE: \_\_\_\_\_

Session Date(s)/Participant Initials

DID	Last Name	First Name	Work Location	Employee Type	Primary Purpose												Total Points*

The School District of Lee County is committed to protecting the privacy of individuals associated with the District and minimizing the use of Social Security numbers. While the District may ask for Social Security numbers for such purposes as those required by Federal or State law or related to employment and financial aid, Social Security numbers will not be disclosed outside the District except as required by law or approved by the individual.

**Employee Type:** A=Instructional    C=Support Personnel    **Primary Purpose (Reason for Taking Course):**  
 B=Administrative    NL=Non-Lee County    A=Add-on Certification    C=Florida Educators Certificate Renewal    E=Professional Skill Building  
 B=Alternate Certification    D=Other Professional Certificate/License Renewal

**\*Total Points:** Enter total points above after the final session only. Enter "C" if continuing to track points on additional form(s).

I verify that the participants whose names appear above have successfully completed 80% of the inservice objectives and have earned the number of inservice points listed.

\_\_\_\_\_  
 TRAINER OR TRAINING FACILITATOR SIGNATURE  
 \_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SCHOOL/DEPARTMENT ADMINISTRATOR SIGNATURE

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.**

**FOR CSDC STAFF USE ONLY**  
 # of Completers \_\_\_\_\_ Entered By \_\_\_\_\_ Date \_\_\_\_\_ NOTES: \_\_\_\_\_