

## Meeting Participation Roster

Topic \_\_\_\_\_ MIP Component Number \_\_\_\_\_

Please Select Which Kind of Activity: \_\_\_\_\_ Meeting \_\_\_\_\_ Professional Learning \_\_\_\_\_ SST

Facilitator \_\_\_\_\_ Facilitator Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Funding Source \_\_\_\_\_ (If applicable)

Print Name	Last 4 # SSN or UFID	Grade/Division	Initials

*This form certifies your attendance at meetings.  
Only participation in professional learning and SST meetings result in the acquisition of professional learning points.*

**Please submit the completed roster and all required documentation to Ellen Greenstein.  
All information must be complete in order to receive professional learning (MIP) credit.  
Required documentation must be attached to each roster.**

Provide appropriate code from MIP for the following:

Learning (Delivery) Method \_\_\_\_\_ Implementation Method \_\_\_\_\_ Evaluation Method \_\_\_\_\_