## THE SCHOOL DISTRICT OF LEE COUNTY CURRICULUM AND STAFF DEVELOPMENT CENTER INSERVICE RECORD AND ATTENDANCE FORM SCHOOL YEAR:\_\_\_\_\_ SCHOOL/DEPARTMENT LOCATION #: \_\_ \_ ELM COURSE TITLE: \_\_\_\_ Session Date(s)/Participant Initials EMPLOYEE Total DID Last Name First Name **Work Location** Points\* 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 SCHOOL/DEPARTMENT ADMINISTRATOR SIGNATURE DATE PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. FOR CSDC STAFF USE ONLY

# of Completers \_\_\_\_\_ Entered By \_\_\_\_\_ Date \_\_\_\_ NOTES: \_\_\_\_\_