



## Athletics Department Inservice Points Procedures

1. Prior to attending clinic, coach must send 'Request for inservice participation' form and an out of county travel form to Jennifer Burchill in the Athletic office. This is to be filled out by the coach, including an Administrator signature on #4.
2. After the forms are approved they will be sent back to the coach at the school. The coach can then attend the clinic for a maximum of 6 points per day.
3. After returning from the clinic, the coach should send the original approved inservice request form, the out of county travel form and proof of attendance at the clinic ( ie. registration , hotel receipt ) back to Jennifer Burchill in Athletics.
4. In **late May**, the coach will receive an email stating that he or she can go online in the PDS system to fill out the evaluation. The title of the class will be 'coaching a specific sport' . The instructor will be Jennifer Burchill.
5. Inservice points will be awarded by Staff Development after the evaluation is completed.



**Application Request For Inservice Credit for Training NOT Sponsored by Hillsborough County Public Schools**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Last Name                                      First                                      MI                                      Lawson ID                                      SSN

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
 Site No.                                      School                                      Date of Submission

Employees of Hillsborough County Public Schools who complete training not sponsored by the District **may** be eligible for inservice credit in keeping with the Florida Department of Education Professional Development Protocol and the Master Inservice Plan. Each training activity must be submitted on a separate application to the appropriate director, principal, site administrator, or content supervisor for approval. This form is **not** to be utilized for college coursework, online training or District workshop participation.

1. Full Title/Name of Activity: \_\_\_\_\_
2. Sponsoring Agency/Location: \_\_\_\_\_
3. Date(s) of Activity: \_\_\_\_\_ Number of Hours in Training: \_\_\_\_\_
4. Approval Signature of Director, Principal, Site Administrator, or Content Supervisor Required **before** starting the Training Activity:  
 Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_

**HOLD FORM AT YOUR SITE UNTIL CONCLUSION OF TRAINING**  
**TO BE COMPLETED UPON THE CONCLUSION OF THE TRAINING ACTIVITY**

5. Complete a statement describing the training activity, applicability to your position in the district, and connection to improving student achievement.
6. Attach a copy of the agenda **and** documentation of attendance such as a receipt or purchase order **or** a certificate of participation from the instructor or sponsoring organization.
7. Sign the application and submit the form and documentation from item 6 to the appropriate director, principal, site administrator, or content supervisor for review, verification, and assignment of component number and points.
8. You have **one(1) year after completing the training** to submit your application and documentation for inservice credit.

**TO BE COMPLETED BY PARTICIPANT**

I verify that I successfully completed the above training and appropriately documented the completion.  
 I acknowledge that I have read and understand the above requirements.

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

**TO BE COMPLETED BY DIRECTOR/PRINCIPAL/SITE ADMINISTRATOR/CONTENT SUPERVISOR**

Component Number: \_\_\_\_\_ Number of Inservice Points: \_\_\_\_\_

Component Name: \_\_\_\_\_

I verify that the listed training has been completed and that I have reviewed and approved the attached documentation. I recommend that inservice credit be issued to the applicant.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

**SUBMIT THE APPLICATION AND DOCUMENTATION TO:**

<b>Via School Mail:</b> Educational Leadership & Professional Dev. ATTN: Lora Haynes Raymond O. Shelton Building (ROSSAC) Route#7	<b>Via US Mail:</b> HCPS – Educational Leadership & Professional Dev ATTN: Lora Haynes 901 East Kennedy Boulevard – Second Floor Tampa, FL 33602
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**THE DIRECTOR OF PROFESSIONAL DEVELOPMENT WILL GIVE THE FINAL APPROVAL**

**TO BE COMPLETED BY EDUCATIONAL LEADERSHIP & PROFESSIONAL DEVELOPMENT**

Component Number: \_\_\_\_\_ Number of Inservice Points Awarded: \_\_\_\_\_

Director of Professional Development Signature: \_\_\_\_\_ Date: \_\_\_\_\_