

Approved

Disapproved & Returned

Resubmission

Facilitator



Para Educator In-Service Point Request Form

Training Date: _____

Name: _____

Supervisor: _____

Title of Activity (be specific): _____

Presented By: _____

Location of Training: _____

Activity Time: (From) _____ (To) _____ Points Requested: _____

Was this activity for?
(Please check one of the following):

A. Knowledge (What do I know that I did not know before?)

B. ****Application**
(What am I doing that I did not do before?)
Must occur over a period of time

C. ****Impact**
(What results am I getting?)
Must occur over a period of time

* All documentation for Application points and Impact points must be turned into Bri Wehlage @ the Coop central office.

** Application and Impact can only be requested after knowledge has been approved.

Para Educator Signature

Supervising Teacher Signature