

Approved

Disapproved & Returned

Resubmission

Facilitator



ANW 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?)

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 Alicia Sterling @ the co-op central office.

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

Para Educator Signature

Supervising Teacher Signature