

MANSFIELD INDEPENDENT SCHOOL DISTRICT
Staff Development Credit Equivalency
(SDCE)
Certificate of Validation

Name _____ Your Campus _____

Job Assignment _____

Workshop Title _____

Workshop Date _____ Time of Day _____

Location of Workshop _____ Total Hours _____

Principal's/Supervisor's Approval

Date

Workshop pertained to which categories? Circle all appropriate responses:

Campus Plan	Technology	TAKS	Vertical Alignment	ACCEL
District Goals	M-TOP	Conflict Resolution	Discipline Strategies	ELL/Bil
Grade Level	Content Area	Other _____	Instructional Strategies	PDAS

Directions

Please circle the number which best represents your reaction to each of the items below.
 Five (5) represents the highest rating and one (1) represents the lowest.

- | | | | | | |
|---|---|---|---|---|---|
| 1. There there enough time allowed for application and practice of the subject. | 5 | 4 | 3 | 2 | 1 |
| 2. The material presented was current and I can use it with my job assignment. | 5 | 4 | 3 | 2 | 1 |
| 3. What would be your overall rating of this workshop? | 5 | 4 | 3 | 2 | 1 |

Comments? _____

Employee's Signature

Workshop Verification / Date