

**Title of Training:**  
**Date(s):**  
**Location:**  
**Lead Staff UPDC:**

*Complete required data (above the line)  
 & staple this form to attendance sheets*

**Lead Staff USOE:**

Do an online evaluation of this training  Immediately  in 2 weeks  in 3 weeks  in 4 weeks  NA

*Note: If information below is completed, a secretary will enter the data. If not, you will need to enter this data into the Activity Record database at a later date.*

**Description of training:**

**Main Topic (select ONE)**

<input type="checkbox"/> Assessment	<input type="checkbox"/> Collaboration/Team Building	<input type="checkbox"/> Leadership	<input type="checkbox"/> Recruitment/Retention	<input type="checkbox"/> Technology
<input type="checkbox"/> Behavior/Social Competency	<input type="checkbox"/> Compliance/Monitoring	<input type="checkbox"/> Literacy	<input type="checkbox"/> RtI/ABC	<input type="checkbox"/> Transition
<input type="checkbox"/> Coaching	<input type="checkbox"/> Curriculum/Instructions	<input type="checkbox"/> Numeracy		

**Training Type (select ONE)**

<input type="checkbox"/> Conference	<input type="checkbox"/> Workshop	<input type="checkbox"/> Follow-up	<input type="checkbox"/> SWAT
<input type="checkbox"/> Co-Sponsored Conference	<input type="checkbox"/> Workshop Series	<input type="checkbox"/> Roundtable	<input type="checkbox"/> Facilitation/Technical Assistance

**Level (mark ALL that apply):**  0-5  Elementary  Secondary  Post-High  Adult

**# of Participant Training Hours (total across days):**

**# of Staff Training Hours (total across days - enter each staff & corresponding hours below)**

Staff Name	Hours	Staff Name	Hours

**Mark ALL applicable SPP Indicators:**

<input type="checkbox"/> 1 Graduation Rates	<input type="checkbox"/> 8 Parental Involvement	<input type="checkbox"/> 15 General Supervision: Correction of Non-compliance
<input type="checkbox"/> 2 Drop Out Rates	<input type="checkbox"/> 9 Disproportionality (Sp. Ed.)	<input type="checkbox"/> 16 Formal Complaint
<input type="checkbox"/> 3 Performance on State-Wide Assessments	<input type="checkbox"/> 10 Disproportionality (Dis. Category)	<input type="checkbox"/> 17 Due Process Hearing
<input type="checkbox"/> 4 Suspension & Expulsion Rates	<input type="checkbox"/> 11 Evaluation & Eligibility	<input type="checkbox"/> 18 Resolution Sessions
<input type="checkbox"/> 5 LRE Placement (ages 6-21)	<input type="checkbox"/> 12 Transition (Part C to Part B)	<input type="checkbox"/> 19 Mediations
<input type="checkbox"/> 6 LRE Placement (Preschool)	<input type="checkbox"/> 13 Secondary Transition	<input type="checkbox"/> 20 Data & Reporting
<input type="checkbox"/> 7 Preschool Outcomes	<input type="checkbox"/> 14 Post-Secondary Outcomes	

<b>Data entered into Activity Record database by:</b>	<b>Date entered:</b>
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