

2018 National Educators Conference

November 8-9 ♦ Orlando, FL



Inservice Record For Continuing Education Credit

Minimum of 3 General sessions and 7 workshops required for 10 Inservice hours or 1 CEU

| Workshop title | Speaker | Room |
|----------------|---------|------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |

**Please print all information
as you would like it to appear on your certificate**

Attendee Name: _____

School/Preschool Name: _____

School Address: _____

Attendee Signature: _____

Administrator: _____
(Signature) (Printed Name)

Please check one: K-12 Certificate Preschool Certificate

- Please complete both sides of the Inservice Record and submit it to the school administrator for approval.
- Return this form at the Registration table during the conference or mail completed form to:
 ILCS/FLOCS, PO Box 24687, Lakeland, FL 33802-4687
- If mailing after conference, administrators should submit all forms to the office on or **before December 31st** to receive Inservice Certificates.
- Forms received after January 1, will be subject to a \$10.00 per certificate processing fee.

Please fill out an evaluation form on each workshop you have listed on the Inservice Form.
This will also serve as proof of attendance to verify inservice hours.

Workshop Title: _____

Presenter: _____

Session: 1 2 3 4 5 6 7 8 9 10

Please rate with 1 being lowest and 5 being highest.

| | | | | | |
|---|---|---|---|---|---|
| The workshop overall... | 1 | 2 | 3 | 4 | 5 |
| Topic was important to me. | 1 | 2 | 3 | 4 | 5 |
| Presenter knew material well. | 1 | 2 | 3 | 4 | 5 |
| Presented professionally & effectively. | 1 | 2 | 3 | 4 | 5 |

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Please give a brief overall comment of the General Sessions: _____
