

TRI-COUNTY INTERLOCAL #607

**PARAPROFESSIONAL INSERVICE REPORT FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Inservice: \_\_\_\_\_

Location: \_\_\_\_\_

Presenter: \_\_\_\_\_

**Knowledge Level Points**

TOPIC:	Topics discussed and Time per topic	MINUTES:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total time requested for KNOWLEDGE LEVEL Points: \_\_\_\_\_

What did you learn by attending? *(Please use the backside if necessary)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you use the information? *(Please use the backside if necessary)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Level Points**

Application points can be gathered by on-the-job practice of the skill with feedback from supervisor. Documentation of this practice and feedback must be sent in with this form and points are received by multiplying Knowledge Level Points on that topic by 2.

Total time requested for APPLICATION LEVEL Points (Knowledge Level Points X 2) \_\_\_\_\_

Describe "On-the-job" Practice: *(Please use the backside or add an attachment if necessary)*  
\_\_\_\_\_  
\_\_\_\_\_

Feedback from supervisor: *(Please use the backside or add an attachment if necessary)*  
\_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor's Recommendation: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_