



FLORIDA DEPARTMENT OF EDUCATION

CHARTER SCHOOL GOVERNANCE TRAINING
Training Plan Approval Application
Form IEPC-9

Please complete all sections of this application form. If documents are submitted as appendices, any reference to the document must include a specific page number; otherwise it will not be reviewed. Please only attach relevant documents. If you are citing a specific policy from a Policies and Procedures Manual, include only the specific page, and not the entire manual. Return the completed form as soon as possible to the address listed at the end of the form.

APPLICANT INFORMATION		
Date:	Person Submitting Plan for Approval:	
Organization:		
Address:		
Address 2:		
City:	State: Florida	Zip:
Telephone:	E-mail Address:	
Length of Training (hours):		
Names of all Trainers:		

A. INSTRUCTIONAL CONTENT

Title of Training: _____

Training Overview: *Short overall description of training. This description will be posted on the DOE website:*

B. OBJECTIVES

B1- Training Objectives: *What are the specific measurable learning objectives to be achieved? Be sure that objectives are specific, measurable, and appropriate.*

Examples: (1) *At the end of the training, 100% of participants will demonstrate an increase in knowledge related to ethics requirements as evidenced by results of pre and post assessment.*

(2) *All participants will demonstrate an understanding of the roles and responsibilities of charter school governing boards as demonstrated by an end of training assessment.*

Please list all measurable training objectives (minimum of four):

(1)

(2)

(3)

(4)

C. TRAINING CONTENT

C1- Overview of Training: *Provide an outline of your training as an appendix to this document. Please include the projected time to be allocated to each area, and use an outline format. In the space below, provide the page number of the outline.*

Example:

1. *Introduction and Welcome (5 minutes)*
2. *Pre Assessment (10 minutes)*
3. *Overview of Training (5 minutes)*
 - a. *Areas to be discussed*
 - b. *Course objectives*
4. *Ethics (45 minutes)*
 - a. *Statute*
5. *Government in the Sunshine (45 minutes)*

Page Number of Outline:

C2- Description of Training Content: *Provide a description of the instructional content or main concepts to be addressed for each training requirement in s.1002.33(9)(k), Florida Statutes. Please indicate the approximate amount of time to be spent on each topic. The content description for each section should align with the projected length of the training time for that section. If your description cites additional documentation submitted as an appendix (such as PowerPoint slides, copies of policies and procedures, etc.) please be sure to provide a reference page so that reviewers can find and review. You may hand number the pages.*

Government in the Sunshine:

Conflicts of Interest:

Ethics:

Financial Responsibility:

C3- Description of Additional Training: Describe instructional content or concepts to be addressed in addition to the four training requirements in s.1002.33(9)(k), Florida Statutes. Additional training topics will not be considered as part of the required four hours.

D. TRAINING DESIGN AND MATERIALS

D1- Training Methods: Click to check all that apply.

- Interactive online or distance learning
- Demonstration and practice
- Small group discussion
- Independent study with supervision
- Lecture
- Panel discussion
- Video
- Visual aids
- Materials display
- Handouts, printed materials
- Case studies
- Self or program assessment

Please type in the methodology that is not on the list:

- Other (Please specify): _____
- Other (Please specify): _____

D2- Instructional Design: Provide an overview/outline of the training methodology for each instructional unit or training period. Please be as specific as possible and provide examples if necessary. All training methods that are checked above should be discussed and described in this narrative.

D3- Instructional Materials: Attach a copy, as an appendix, of all handouts, presentations, printed documents, and other instructional materials to be used in the training. If these instructional materials are discussed in any portion of your narrative, please be sure to provide a reference page so that the reviewers can find and review. Indicate page numbers below.

Page Numbers of Instructional Materials:

D4- References: *Attach a list of references, research, articles, books, individuals, or other sources of information used to develop the training instructional content. Submit as an appendix. Indicate page numbers below.*

Page Numbers of References List:

E. ASSESSMENT OF TRAINING

E1- Learning Objectives: *Describe methods to be used to measure achievement of training objectives described in section B. Please be sure to describe the assessment methods in sufficient detail. Reviewers should be able to determine if the proposed assessment methods will be capable of determining whether the training objectives have been successfully met. If your description cites additional documentation (such as PowerPoint slides, copies of policies and procedures, etc.) please be sure to provide a reference page so that reviewers can find and review. You may hand number the pages.*

E2- Overall Effectiveness: *Describe methods to be used to measure the overall effectiveness of the training.*

E3- Trainer Effectiveness: *Describe methods to be used to measure effectiveness of the trainer.*

F. TRAINING SUPPORT AND RESOURCES

F1- Identify and attach a vita for all persons listed in the Applicant Information Section who will be providing training.

G. CERTIFICATIONS

I certify that I have developed, own, or have acquired permission or license to use all portions of the training described in this plan and submitted to the Florida Department of Education for approval to meet training requirements pursuant to section 1002.33, Florida Statutes.

Signature: _____

Title: _____

Date: _____

Mail Original and Three Copies of the Form and Supporting Information To:
Office of Independent Education and Parental Choice
Florida Department of Education
325 West Gaines Street, Suite 522
Tallahassee, Florida 32399-0400

Approved By _____

Date Received _____ **Date Approved** _____

Training Approval System Identification Number _____