

**Wink-Loving 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:

Strategic Plan	Technology	STAAR / EOC	RTI	G/T
Intervention	New Teacher Training	SPED	Discipline Strategies	ELL/Bil
Perceptual Modes	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 was 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 students now.  | 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*