

PROVINCE OF FLORIDA  
INSERVICE WORKSHOP INITIATION FORM

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

A. Initiator

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

School: \_\_\_\_\_ Phone: \_\_\_\_\_

B. Inservice Activity

Title of Component: \_\_\_\_\_

Component No. \_\_\_\_\_

C. Participants:

Target Group Minimum Number: \_\_\_\_\_ Target Group Maximum Number: \_\_\_\_\_

D. Instructor: \_\_\_\_\_

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

Position: \_\_\_\_\_

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

E. Site of Inservice Activity (Name and Address of Site): \_\_\_\_\_

\_\_\_\_\_

F. Date and Hours of Inservice Activity

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Actual Contact Hours: \_\_\_\_\_ Independent Activity Hours: \_\_\_\_\_

Total Hours: \_\_\_\_\_

G. Projected Participant Fee (if any): \_\_\_\_\_

H. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

----- [Please Do Not Write Below This Line] -----

I. Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit at least **three weeks** in advance of planned activity to  
the Diocesan Department of Education.