

AP3 Teacher Name: _____

Employee No.: _____

School Name: _____

Location No.: _____

Documentation of Accomplished Practices Form

For each Florida Educator Accomplished Practice indicated, identify the method by which you have met this Accomplished Practice (e.g., actual classroom teaching, participation on specific inservice training course), and indicate what type of documentation you are submitting in your portfolio as evidence that you have successfully demonstrated this Accomplished Practice (e.g., lesson plan, copy of Employee Inservice Record, work samples).

NOTE: This form must be signed and submitted with your AP3 portfolio upon completion of the program.

| Accomplished Practice | Method of Demonstration | Supporting Documentation |
|------------------------------|--------------------------------|---------------------------------|
| Assessment | | |
| Communication | | |
| Continuous Improvement | | |
| Critical Thinking | | |
| Diversity | | |
| Ethics | | |

COMPLETED FORM MUST BE SUBMITTED TO PROFESSIONAL DEVELOPMENT, LOCATION 9017

AP3 Teacher Name: _____

Employee No.: _____

School Name: _____

Location No.: _____

| Accomplished Practice | Method of Demonstration | Supporting Documentation |
|-----------------------|-------------------------|--------------------------|
| Human Development | | |
| Subject Matter | | |
| Learning Environment | | |
| Planning | | |
| Role of the Teacher | | |
| Technology | | |

This is to confirm that _____ has satisfactorily completed all school-site activities related to the Miami-Dade County Public Schools Alternative Professional Preparation Program, and has successfully and consistently demonstrated the Florida Educator Accomplished Practices.

AP3 Teacher's Signature

Principal's Signature

Colleague Teacher's Signature