

FLORIDA DEPARTMENT OF EDUCATION  
 DOE INFORMATION DATA BASE REQUIREMENTS  
 VOLUME II: AUTOMATED STAFF INFORMATION SYSTEM  
 AUTOMATED STAFF DATA ELEMENTS

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| <b>Implementation Date:</b><br>Fiscal Year 1989-90<br>July 1, 1989 |
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| <b>Element Name: Inservice Education, Completion Status</b>  |  |             |                   |          |  |          |  |
|--|--|-------------|-------------------|----------|--|----------|--|
| <b>Definition/Domain</b>   |  |             |                   |          |  |          |  |
| <p>The participant's completion status for the inservice component being reported.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>CODE</u></th> <th style="text-align: left;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top; padding-top: 10px;"><b>Y</b></td> <td style="padding-top: 10px;">The participant successfully demonstrated increased competence in 80% of the specific objectives offered in the component.</td> </tr> <tr> <td style="vertical-align: top; padding-top: 10px;"><b>N</b></td> <td style="padding-top: 10px;">The participant did <u>not</u> successfully demonstrate increased competence in 80% of the specific objectives offered in the component.</td> </tr> </tbody> </table> |  | <u>CODE</u> | <u>DEFINITION</u> | <b>Y</b> | The participant successfully demonstrated increased competence in 80% of the specific objectives offered in the component. | <b>N</b> | The participant did <u>not</u> successfully demonstrate increased competence in 80% of the specific objectives offered in the component. |
| <u>CODE</u>  | <u>DEFINITION</u>  |             |                   |          |  |          |  |
| <b>Y</b>   | The participant successfully demonstrated increased competence in 80% of the specific objectives offered in the component.               |             |                   |          |  |          |  |
| <b>N</b>   | The participant did <u>not</u> successfully demonstrate increased competence in 80% of the specific objectives offered in the component. |             |                   |          |  |          |  |
| <b>Length:</b>   | 1  |             |                   |          |  |          |  |
| <b>Format:</b>   | Alphabetic   |             |                   |          |  |          |  |
| <b>Compatibility Requirement:</b>  | Compatible   |             |                   |          |  |          |  |
| <b>Use Types:</b>  | <input checked="" type="checkbox"/> State Report<br><input checked="" type="checkbox"/> Local Accountability                             |             |                   |          |  |          |  |
| <b>Data Element Number:</b>  | 207800   |             |                   |          |  |          |  |
| <b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5   |  |             |                   |          |  |          |  |
| <b>Revised:</b> 9/88   | <b>Volume II</b> <b>Effective:</b> 7/00 <b>Page Number:</b> 32-5   |             |                   |          |  |          |  |