



FLORIDA DEPARTMENT OF EDUCATION

CHARTER SCHOOL GOVERNANCE TRAINING
Application to Renew an Approved Training Plan
Form IEPC-10

Please complete all sections of this renewal form. If documents are submitted as attachments to answer a question, the specific page number and reference must be included in the section of this form in order for the attached information to be reviewed. Return the complete form as soon as possible to the address listed at the end of the form.

APPLICANT INFORMATION		
Person Requesting Training Plan Renewal:		
Date:	Date Original Training Plan was Approved:	
Organization:		
Address:		
Address 2:		
City:	State: Florida	Zip:
Telephone:	E-mail Address:	
Number of Hours Required for Training:		

INSTRUCTIONAL CONTENT

<p>Will the instructional content of the approved training plan be changed?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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If YES, please describe changes proposed in each of the following:

Title of Training: _____

Training Overview:

Training Content:

- Government in the Sunshine:
- Conflicts of Interest:
- Ethics:

- Financial Responsibility:

Description of Additional Training:

OBJECTIVES

<p>Will the training objectives be changed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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If YES, please describe the proposed changes:

TRAINING DESIGN AND MATERIALS

<p>Will the training design and materials be changed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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If YES, please describe any changes proposed for the following.

Instructional Materials: *Attach a copy of all handouts, presentations, printed documents, and other instructional materials to be used in the training that were not included in the original training application.*

References: *Attach a list of references, research, articles, books, individuals, or other sources of information used to develop the training instructional content that were not identified in the original training application.*

Learning Environment: *Describe any changes in the type of learning environment to be provided during the training.*

ASSESSMENT OF TRAINING

<p>Will the assessment of training be changed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

If YES, please describe any changes proposed for the following.

Learning Objectives:

Overall Effectiveness:

Trainer Effectiveness:

TRAINING SUPPORT AND RESOURCES

<p>Will training support and resources be changed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

If YES, please describe the proposed changes:

Identify and attach a current vita for all persons who will be providing training.

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

Signature: _____

Title: _____ Date: _____

Mail Original and Five Copies of the Renewal Form and Supporting Information to:
Office of Independent Education and Parental Choice
Florida Department of Education
325 West Gaines Street
Tallahassee, Florida 32399-0400

Renewal Approved By _____

Date Received _____ Date Renewed _____

Training Approval System Identification Number _____