



FDLRS Administration/HRD Project

Florida SIM Initiative

3841 Reid St.
 Palatka, FL 32177
 386-312-2265 – Main
 386-329-3835 – Fax

POTENTIAL STUDENT IMPACT INFORMATION

This information will be kept confidential and only reported in summary formats.

Professional Development Title: _____ **Date:** _____

Professional Developer's Name: _____

Category (choose one): _____ Content Enhancement Routine _____ Learning Strategy _____ Stratroutine

FDLRS Associate Center: _____ **County:** _____

Please enter the number of participants who attended this SIM professional development offering:

_____ Administrator _____ DOE or State Level Staff _____ Discretionary Project Staff
 _____ ESE Teacher _____ General Education Teacher _____ Support Personnel _____ Other

Please enter the grade levels taught by the participants who attended this SIM Professional development offering:

_____ Elementary K-5 _____ Middle School Grades 6-8 _____ High School Grades 9-12

Please provide the actual numbers of students that will be included in the implementation of this instructional strategy.			
Primary Exceptionality of Students	Elementary K-5	Middle School 6-8	High School 9-12
Autistic Spectrum Disorder			
Deaf or Hard of Hearing			
Developmentally Delayed (Ages 3-5)			
Dual Sensory Impaired			
Emotional/Behavioral Disabilities (EBD)			
ELL			
General Education			
Gifted			
Homebound or Hospitalized			
Intellectual Disabilities (InD)			
Orthopedic Impairment			
Other Health Impairment			
Traumatic Brain Injury			
Specific Learning Disabilities (SLD)			
Speech Impairment, Language Impairment or Both			
Visually Impaired			

Submit this completed form to the Professional Developer listed at the top of this form.