Follow-up Activity for DISTRICT INSERVICE POINTS

In addition to reviewing all of the course content and passing the final assessment; completion of a follow-up activity is required for participants who want to earn district inservice points. Inservice points can only be awarded by a Florida school district or organization with an approved Florida Master In-service Plan (MIP). To earn inservice points for this course, it must be included in the district/organization's MIP. Contact your district if you have questions regarding local requirements.

Outlined below are the required steps to complete the follow-up activity and submit it for verification to your principal or supervisor.

1. Review the activities and requirements on the following pages and select ONE follow-up activity option to complete depending on your role.
   a. Option 1: Instructional Plan
   b. Option 2: Written Reflection
   c. Option 3: Application of Module Content and Resources
   d. Option 4: Presentation or Professional Study Group

2. Use what you have learned to complete the follow-up activity, then submit the form to your principal or supervisor to sign, acknowledging that she/he has reviewed your follow-up activity.

3. Upload a scanned copy of the signed Verification Form to the My Independent Study Courses page under Required Next Steps.

4. Complete the Satisfaction Survey.

Your local Florida Diagnostic and Learning Resources System - Professional Development Alternatives (FDLRS PDA) coordinator will submit a quarterly report of completers to the appropriate school districts/organizations. For questions about this process please contact your local FDLRS PDA coordinator: fl-pda.org/coordinators
Option 1: Instructional Plan

Provide a detailed instructional plan for one of the students described below, including accommodations, modifications, referrals for additional services, if necessary, and resources for the family.

- **Child A:** Sam is a 4-year old student with Autism. He has a significant language delay, mostly using sounds and gestures to get his needs heard. Because of his language delay, he gets easily frustrated when adults or peers do not understand him, and often resorts to throwing himself on the ground, hitting another child, or running away. In addition, Sam puts everything in his mouth, cries over loud noises, and has difficulty sitting in circle time activities.

- **Child B:** Bella is a 3-year old student with a language delay. Bella and her family recently moved here from Brazil and they do not speak or understand English. Bella is extremely quiet and often cries when her parents drop her off at school. Her parents appear to be very concerned about how she is adjusting.
Inclusive Practices for the Developmentally Appropriate Pre-K Classroom

Option 2: Written Reflection

Write at least a 300 word reflection based on the Analysis/Reflection activity in Unit 2.

Click on the SEA Profile for the current year; look at Section Five: Selected State Performance Plan Indicators, Indicator 7 – Prekindergarten Performance, and complete the following analysis and reflection.

• Review the state-level targets and data for Indicator 7 – Prekindergarten Performance on the SEA Profile. Make a note of which indicators met their targets for the most recent reporting year and which did not.

• Next, go back to the DOE/BEESS Data & Evaluation page: http://www.fldoe.org/academics/exceptional-student-edu/data/. Below the SEA Profile, you will find listings for each Local Education Agency (LEA) Profile. Click on the district in which you work, and look at your district’s LEA Profile.

• Review the data for your district’s state-level targets for Indicator 7 – Prekindergarten Performance. How does your district measure up with the state averages in meeting targets for this indicator?

• Choose a target in one of the three developmental domains that failed to be met in your district.

• Highlight instructional practices you intend to use in your classroom and resources you plan to share with families related to this data.

• You may incorporate additional information you have learned in this module regarding the other two domains (not selected for this activity) related to your selected Indicator 7 domain, as appropriate.
Option 3: Application of Module Content and Resources

The following resources were required or optional reading in the module. For this activity you will return to six of the resources and apply the information to your current position. The first four are required resources then you will pick two additional resources from the list of choices. Answer the two reflection questions for each of the six resources.

Reflection Prompts: Complete both prompts for each resource.

In your own words write 2-4 key ideas from the resource.
Explain how you may apply each of the key ideas to your current position to improve the outcomes for preschool students with disabilities.

DO 4: Read/Review each of these resources from the module content and complete the two reflection prompts for each resource.


Pick 2: Read/Review a minimum of two of these resources and complete the two reflection prompts for each resource.

- Center for Community Inclusion and Disability Studies, University of Maine. Visual Supports Learning Links and Templates. https://ccids.umaine.edu/resources/visual-supports/
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Option 4: Presentation or Professional Study Group

Choose one of the following formats for presenting the material that you have learned.

- Conduct a presentation on what you learned to a small group of colleagues. Write a brief reflection on the presentation, including feedback from the participants,
- Conduct a professional study group on the information from this module. This may include group discussions, sharing of journal articles or research, and/or additional book study.
# Inclusive Practices for the Developmentally Appropriate Pre-K Classroom Module

## Follow-up Activity

### VERIFICATION FORM

<table>
<thead>
<tr>
<th>Participant Information</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Date:</td>
</tr>
<tr>
<td>Work Location (school/district or other organization):</td>
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<tr>
<td>Email Address:</td>
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</tbody>
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I confirm that I have completed the following follow-up option: ____________________________

Signature: ____________________________

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<thead>
<tr>
<th>Principal or Supervisor Verification of Completion</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
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<tr>
<td>Work Location (school/district or other organization):</td>
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<td>Position:</td>
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I have reviewed the above named participant's Follow-up Activity and any associated documents described in the Follow-up Activity instructions. I used the accompanying rubric to review the activity (if applicable). I confirm that the participant successfully completed the Follow-up Activity and any associated documents.

Signature: ____________________________