

WANT TO EARN RECERTIFICATION POINTS FOR PARTICIPATING IN MINI MAKER FAIRE?

Charlotteville

Mini
Maker
Faire®

History In The Making

SAT. OCT. 12. 10-4

Monticello High School

makerfairecville.com
for tickets and more info.

TIER 1:

6 Recertification Points (use Option 8)

- register to attend, participate in the full day of events (sign-in if prompted)
- complete the form on the back (or fill it out in printable format at <http://bit.ly/ACPS-PD-Form>) and send it via the Pony or email to Shelia Waddy (waddy@k12albemarle.org) at ARC

TIER 2:

15 Recertification Points per Specific Presentation Topic (use Option 2)

- Submit your project for Charlottesville Mini Maker Faire 2013, register to attend, participate in the full day of events (sign-in if prompted), and deliver your “presentation” per your proposal
- complete the form on the back (or fill it out in printable format at <http://bit.ly/ACPS-PD-Form>) and send it via the Pony or email to Shelia Waddy (waddy@k12albemarle.org) at ARC

TIER 3:

Up to 90 Recertification Points (use Option 7)

****REQUIRES PRIOR APPROVAL**

- Email Becky Fisher (bfisher@k12albemarle.org) to discuss the requirements of and **receive prior approval** for an Educational Project related to the Charlottesville Mini Maker Faire. Per the Virginia Department of Education, for recertification purposes “An educational project is an option for the license holder to enhance the skills or advance the educational needs of the group being served.”



**ALBEMARLE COUNTY SCHOOLS
RECERTIFICATION POINT SYSTEM/PROFESSIONAL DEVELOPMENT
ACTIVITY ENROLLMENT FORM**

This form is to be used to verify the completion of in-service activities sponsored by Albemarle County Schools (i.e. school-based workshops, sessions offered through *Opportunities*, etc.).

Please print in ink all information requested below.

ACTIVITY TO BE COUNTED TOWARDS: Recertification Points Staff Development Both

CERTIFICATE HOLDER'S NAME: _____ SOCIAL SEC. NO. _____

CURRENT ASSIGNMENT: _____ SCHOOL/DEPT.: _____

TITLE OF ACTIVITY: _____

BEGINNING DATE: _____ ENDING DATE: _____

NO. OF HOURS ENGAGED IN THIS ACTIVITY: _____ OPTION NO: _____

TO BE COMPLETED BY INSTRUCTOR/PRESENTER

I verify that by completing the activity described above, this certificate holder has earned _____* recertification points. Points can be awarded for activities that are five or more hours in length.

INSTRUCTOR'S/PRESENTER'S NAME
(Please print)

INSTRUCTOR'S/PRESENTER'S SIGNATURE

DATE

*If uncertain as to the number of recertification points to award, please contact the Albemarle County Resource Center.

White: Human Resources

Yellow: Employee

Pink: Principal/Advisor