SS-1001

PROFESSIONAL PERSONNEL ACTIVITY REPORT

Instructions: PPAR section of the SAR/PPAR manual

ADMINISTRATIVE UNIT [ ] NUMBER _____ NAME

SCHOOL [ ] NUMBER _____ NAME

(PLEASE USE SCHOOL NUMBER WHERE YOU RECEIVE YOUR CHECK)

_____ LAST NAME FIRST NAME MIDDLE/MAIDEN NAME

SOCIAL SECURITY NUMBER [ ]

(PLEASE CHECK YOUR SS CARD FOR ACCURACY)

ETHNIC ORIGIN

[ ]
W WHITE
B BLACK
H HISPANIC
I AMER. IND.
A ASIAN

SEX

[ ]
F FEMALE
M MALE

EXPERIENCE STATUS

[ ]
1 EMPLOYED IN THIS ADMINISTRATIVE UNIT LAST YEAR.
2 NOW ENTERING FIRST YEAR OF EMPLOYMENT IN EDUCATION.
3 RETURNED AFTER ABSENCE FROM PUBLIC EDUCATION.
4 EMPLOYED LAST YEAR IN ANOTHER N. C. ADMIN. UNIT.
5 EMPLOYED LAST YEAR IN EDUCATION IN ANOTHER STATE.

PART-TIME

ENTER Y ONLY [ ] IF YOUR POSITION IS PART-TIME

SOURCE OF FUNDS

FOR THIS POSITION [ ] [ ] [ ]

BOXES ARE PROVIDED FOR UP TO THREE SOURCES OF FUNDS. PLEASE ENTER APPROPRIATE CODE NUMBER(S) USING LEFT-MOST BOX FIRST AND PROCEEDING FROM LEFT TO RIGHT IF YOU HAVE MULTIPLE SOURCES.

1 - STATE 2 - LOCAL 3 - FEDERAL

TYPE OF ASSIGNMENT AND CLASS SCHEDULE

CHOOSE THE ONE TYPE OF ASSIGNMENT THAT MOST CLOSELY DESCRIBES YOUR CURRENT ACTIVITIES AND ENTER THE CODE NUMBER IN THE BOX PROVIDED. THEN COMPLETE THE CLASS SCHEDULE COLUMNS INDICATED FOR YOUR TYPE OF ASSIGNMENT. REVIEW DEFINITIONS IN INSTRUCTIONS BEFORE COMPLETING. **NOTE:** ALL EXTENDED DAY TEACHERS USE COLS. G & H.

[ ]
1 SELF-CONTAINED (COMPLETE COLS. A THRU D.)
2 TEAM TEACHING (COMPLETE COLS. A THRU E).
3 ITINERANT/RESOURCE (COMPLETE COLS. A THRU G, EXCEPT E ONE LINE PER SUBJECT PER SCHOOL).
4 DEPARTMENTALIZED OR BLOCKED (COMPLETE COLS. A THRU D.)
5 NON-CLASSROOM ACTIVITY (COMPLETE COLS. A, B, AND C.)

A GRADE LEVEL CODE OF STUDENTS	B MINUTES PER DAY	C COURSE CODE (OR NON-CLASSROOM ACTIVITY) ONE CODE PER CLASS SESSION ONLY				D NUMBER OF STUDENTS	E NO. IN TEAM	F NO. OF CLASSES	G VISITED SCHOOL NO.	H EXTENDED DAY CLASSES
SEE CODE SHEET. NOTE CODES FOR EXCP. CHILDREN PROG. CATEGORY & EXTENDED DAY.	LIST PERIODS IN ORDER. OMIT ACTIVITIES LESS THAN 20 MINUTES.	SEE CODE SHEET: ENTER CODE OF SUBJECT AREA OR NON-CLASSROOM ACTIVITY.	1- ACADEMIC LEVEL CODE	2- GRADE LEVEL OF COURSE CODE	3- LENGTH OF COURSE CODE	MEMBERSHIP AT END OF SECOND MONTH	TOTAL NO. IN TEAM COUNTING YOURSELF	NO. OF CLASS ROLLS OR ROSTERS PER SUBJECT PER SCHOOL	IF VISITED SCHOOL NUMBER NOT KNOWN, ASK PRINCIPAL(S).	PLACE A "Y" IN BOX IF COURSE IS EXTENDED DAY CLASS.
		SUBJECT AREA (ONE SUBJECT CODE PER LINE)	1	2	3			F & G TO BE COMPLETED BY ITINERANT RESOURCE TEACHERS ONLY. G TO BE COMPLETED BY EXT. DAY		

_____ SIGNATURE OF INDIVIDUAL COMPLETING REPORT

_____ DATE

REVIEWED BY _____ (Principal's Initials)

_____ E-mail Address

_____ Phone

CLEAR FORM