



- Course Title:** Florida General Instructor Techniques #1186 – 64 hours
- Instructor(s):** Lt. Anthony Allaire – Polk County Sheriff’s Office
- Date(s):** November 9, 2020 – November 19, 2020
No class on November 11, 2020 (VETERAN’S DAY)
- Time(s):** 1:00 PM – 10:00 PM
- Location:** Polk State College - Center for Public Safety
Kenneth C. Thompson Institute of Public Safety
1251 Jim Keene Blvd
Winter Haven, Florida 33880
- Cost:** Region 8 training funds will pay for Region 8 law enforcement and correctional officers as well as Region 8 support personnel (when seats are available). **Region 8 includes Polk, Hardee, Highlands, and Desoto counties.**
Student applications from outside of Region 8 will be placed on a waiting list to fill any open seats not filled by Region 8 officers.
- Description:** This course was designed in a modular concept with multiple blocks of instruction. Students will be exposed to lessons that will enhance their knowledge of instructional techniques through facilitation utilizing the FDLE. Students will be evaluated through cognitive testing and practical exercises that will demonstrate their proficiency. Topics of instruction include: Training Liability and Ethics, Adult Learning Theory, Principles of Instruction, Performance Objectives, Evaluation Methods, Measurement and Testing, Lesson Plan Preparation, Instructional Strategies / Methods / Techniques, Learning Aids, Using a Prepared Lesson Plan, Communication and Presentation Skills, Facilitation Skills, Group Management, Providing Feedback, and Human Diversity.
Students are encouraged to bring a laptop computer to class to work on presentation projects. **Students must also be knowledgeable in the use of PowerPoint presentation software.**

This course qualifies for **mandatory retraining**. Only courses selected for salary incentive, with the following exceptions, will be entered into FDLE’s ATMS: all instructor courses, Breath Test Operator, Breath Test Operator Refresher, Agency Inspector, Agency Inspector Refresher, and Canine Team Training

Kenneth C. Thompson Institute of Public Safety
at Polk State College Center for Public Safety
1251 Jim Keene Blvd. Winter Haven, FL 33880
(863) 297-1030 ext. / (863) 297-1045 fax
www.polk.edu/ips

POLK STATE COLLEGE
KENNETH C. THOMPSON INSTITUTE OF PUBLIC SAFETY
Training Authorization & Advanced/Specialized Course Registration

Student Authorization (Formerly CJSTC 15A)

Student Registration

Student Name: _____
(Last Name) (First Name) (FULL Middle Name) (Sr, Jr, etc)

Student SS#: _____ Student email: _____

Supervisor/email _____

Check one: Law Enforcement Corrections Correctional Probation Civilian

Agency Name: _____

Agency Address: _____
(Street) (city) (state) (zip)

Date of Birth MM / DD / YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Numbers Preferred: Work:
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Race (Required by the U.S. Office of Education Title VI Civil Rights Act of 1964)

<input type="checkbox"/> White (Non-Hispanic)	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Black (Non-Hispanic)	<input type="checkbox"/> Hispanic	

Note: Form MUST be completed in its entirety or the officer WILL NOT be registered. Ensure that you are using the most current form for this class. These forms are pre-filled for specific classes and located with the course announcement online <https://www.polk.edu/ips>.

Officers/Civilians in Region 8 are at \$0.00 fee. Officers/Civilians outside of Region 8 will be placed on a waiting list to fill any open seats not taken by Region 8 officers. Only courses selected for salary incentive will be entered into FDLE's ATMS, with the following exceptions: Instructor courses, Breath Test Operator/ Refresher, Agency Inspector / Refresher, and Canine Team Training.

Course #	Course Title	Dates	Time	Location
				Center for Public Safety

Course Credit (Check One): Salary Incentive Mandatory Retraining

Neither (support personnel/civilians only)

Authorized Agency Representative (please print): _____

Authorized Agency Signature: _____ Date: _____

Agency Contact Name: _____

Telephone Number: _____ Email: _____