

ILLINOIS STATE BOARD OF EDUCATION
 Educator and School Development
 100 North First Street
 Springfield, Illinois 62777-0001

EVIDENCE OF COMPLETION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.

EVIDENCE OF PARTICIPATION: This is to certify that the undersigned has attended the training program described below.

DIRECTIONS: This form serves as evidence of completion to verify attendance at a conference, workshop, or other professional development training activity. Providers must complete the information identified below. Certificate holders must keep this form for a period of five years and produce it if requested to do so for a random audit. Both parties must sign the form where indicated.

TITLE OF ACTIVITY

Cook County School District 104 "Opening Day Institute"

DESCRIPTION/NATURE OF THE EVENT

Professional development related to mandated annual training, curriculum updates, special education support and intervention services [PBIS], and use of technology in the classroom.

APPROVED PROVIDER AND PROVIDER NUMBER

Cook County School District 104, CPDU provider number 102500

LOCATION (Name of Facility, City and State)

Graves/Heritage Middle Schools,

Summit, IL

DURATION (Contact Hours) ONE CPDU PER CONTACT HOUR
 7 hours

START DATE
 8-22-16

START TIME
 8:00 a.m.

END DATE
 8-22-16

END TIME
 2:55 p.m.

NAME OF PRESENTER

District 104 administrators, faculty, a board attorney

SIGNATURE OF PROVIDER'S REPRESENTATIVE



Information supplied in the box below is optional and is completed by the participant/certificate holder if desired.

REFLECTION STATEMENT: (OPTIONAL) Although the Reflection Statement is no longer required, you may want to use this space to summarize this activity and what you learned. You may also want to indicate if this activity meets Purpose E (least restrictive environment requirement) and how it applies to teaching students with disabilities in the least restrictive environment.

Print or Type Name of Participant

Signature of Participant

Date

(TO BE RETAINED BY TEACHER FOR 5 YEARS AFTER RENEWAL OF CERTIFICATE)

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TITLE OF ACTIVITY

Cook County School District 104 "Fall Institute Day"

DESCRIPTION/NATURE OF THE EVENT

Professional development related to writing, and STEM programs. Team planning time related to the continued implementation of our Professional Learning Communities (PLC)

APPROVED PROVIDER AND PROVIDER NUMBER

Cook County School District 104, CPDU provider number 102500

LOCATION (Name of Facility, City and State)

Graves/Heritage Middle Schools,

Summit, IL

DURATION (Contact Hours) ONE CPDU PER CONTACT HOUR

7 hours

START DATE

8-23-16

START TIME

8:00 a.m.

END DATE

8-23-16

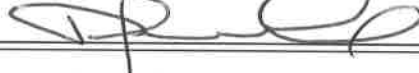
END TIME

3:00 p.m.

NAME OF PRESENTER

District 104 administrators and faculty

SIGNATURE OF PROVIDER'S REPRESENTATIVE



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