

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

District #205 Educator's Institute

DESCRIPTION/NATURE OF THE EVENT

Participants will learn about current trends in education relevant to their fields, including Brain-based Learning with LaVonna Roth, Bullying Awareness and Prevention with Jodee Blanco, and Charlotte Danielson's Framework for Teaching with their individual building principals/supervisors. Opportunities to discuss these topics with colleagues will be provided.

APPROVED PROVIDER AND PROVIDER NUMBER

Galesburg CUSD #205 (Provider # 100568)

LOCATION (Name of Facility, City and State)

Galesburg High School (and assigned buildings), Galesburg, Illinois

DURATION (Contact Hours) ONE CPDU PER CONTACT HOUR

4.5 CPDUs (4.5 Contact Hours)

START DATE

03/30/2012

START TIME

08:00 AM

END DATE

03/30/2012

END TIME

01:00 PM

NAME OF PRESENTER

LaVonna Roth, Jodee Blanco, and building principals/supervisors

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)