

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

Best Practices in Inclusion (Morning) and Developing Data Systems with MAPs Assessments (Afternoon)

DESCRIPTION/NATURE OF THE EVENT

Morning: Participants will review and learn how to include students of all ability levels in their classrooms and meet their academic social, emotional and learning needs. Afternoon: Review and research MAPs student and classroom data to guide instruction based on student readiness and learning needs based on the different reports available.

APPROVED PROVIDER AND PROVIDER NUMBER

Harrison Elementary School District #36/ Provider Number 100665

LOCATION (Name of Facility, City and State)

Harrison Elementary School District #36, Wonder Lake, IL

DURATION (Contact Hours) ONE CPDU PER CONTACT HOUR

7

START DATE

1.13.12

START TIME

8:00 am

END DATE

1.13.12

END TIME

3:00 pm

NAME OF PRESENTER

Patrick Schwarz and Gayle Poland

SIGNATURE OF PROVIDER'S REPRESENTATIVE

Anne P. Huff

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)

ILLINOIS STATE BOARD OF EDUCATION
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100 North First Street, E-310
Springfield, Illinois 62777-0001

EVALUATION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.

DIRECTIONS: Please complete and return this form to the presenters of the professional development activity.

TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY	DATE
Best Practices in Inclusion	1.13.12

LOCATION (Facility, City, State)

Harrison Elementary School, Wonder Lake, IL

NAME OF PROVIDER

Harrison Elementary School District #36

Please answer the following questions by marking the scale according to your perceptions of this professional development activity.

	Strongly Agree	Somewhat Agree	No Opinion	Somewhat Disagree	Strongly Disagree
1. This activity increased my knowledge and skills in my areas of certification, endorsement or teaching assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The relevance of this activity to ISBE teaching standards was clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It was clear that the activity was presented by persons with education and experience in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The material was presented in an organized, easily understood manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. This activity included discussion, critique, or application of what was presented, observed, learned, or demonstrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The best features of this activity were:

Suggestions for improvement include:

Other comments and reactions I wish to offer:

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EVALUATION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.

DIRECTIONS: Please complete and return this form to the presenters of the professional development activity.

TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY	DATE
Developing Data Systems with MAPs Assessments	1-13-12

LOCATION (Facility, City, State)
 Harrison Elementary School District #36, Wonder Lake, IL

NAME OF PROVIDER
 Harrison Elementary School District #36

Please answer the following questions by marking the scale according to your perceptions of this professional development activity.

	Strongly Agree	Somewhat Agree	No Opinion	Somewhat Disagree	Strongly Disagree
1. This activity increased my knowledge and skills in my areas of certification, endorsement or teaching assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The relevance of this activity to ISBE teaching standards was clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It was clear that the activity was presented by persons with education and experience in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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