

**ILLINOIS STATE BOARD OF EDUCATION**

Educator Licensure Division  
100 North First Street, S-306  
Springfield, Illinois 62777-0001

**EVIDENCE OF COMPLETION FOR PROFESSIONAL DEVELOPMENT**

This is to certify that the undersigned has completed the professional development activity described herein and that the provider is approved by the State Superintendent of Education at the time of completion. This form serves as evidence to verify participation in this professional development activity and must be maintained for a period of six (6) years by the licensee and produced if requested as part of an audit.

**IMPORTANT: THE LICENSEE MUST ENTER THIS ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BEFORE THE END OF HIS/HER CURRENT RENEWAL CYCLE OR FORFEIT ANY PROFESSIONAL DEVELOPMENT CREDIT FOR THIS ACTIVITY.**

NAME OF PARTICIPANT (Last, First, Middle Initial)

< PRINT NAME

TITLE OF PROFESSIONAL DEVELOPMENT

WRITING ASSESSMENTS, COLLABORATION

DATE(S) OF ACTIVITY

AUGUST 21, 2015

LOCATION (Name of Facility, City, State)

PRAIRIE CENTRAL HIGH SCHOOL

NAME OF APPROVED PROVIDER

PRAIRIE CENTRAL CUSD #8

REGION, COUNTY, DISTRICT, TYPE CODE

17-053-0080-26

NAME OF PROVIDER (If authorized by the approved provider)

PRAIRIE CENTRAL CUSD #8

NAME OF PRESENTER

ROE 17, DISTRICT ADMINISTRATION

NUMBER OF PROFESSIONAL DEVELOPMENT HOURS

7 1/2

*John C. Capasso*

Signature of Approved Provider's Representative

8/21/15

Date

< Sign, Date >

Signature of Participant

Date