

ILLINOIS STATE BOARD OF EDUCATION

Educator Effectiveness 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)

TITLE OF PROFESSIONAL DEVELOPMENT

General Institute

DATE(S) OF ACTIVITY

February 17, 2017

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

Various

NUMBER OF PROFESSIONAL DEVELOPMENT HOURS

Seven-and-One-Half (7 1/2) Hours

John C. Capasso

Signature of Approved Provider's Representative

February 20, 2017

Date

Signature of Participant

Date