

**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-Wide Teachers' Institute

DESCRIPTION/NATURE OF THE EVENT

No. 012: Institute

Topics: Focus on Impact: Teaching the Lessons that Matter, Behavioral Analysis, Number Talks, Common Core Standards, Including Students with Disabilities: Effort and Rewards for Teachers in the Arts, CPR/AED, Best Practices in the Teaching of PE, et. al.

APPROVED PROVIDER AND PROVIDER NUMBER

Prairie Central CUSD #8

LOCATION (Name of Facility, City and State)

Prairie Central High School, Fairbury, IL 61739

DURATION (Contact Hours) ONE CPDU PER CONTACT HOUR

7 hours = 7 CPDUs

START DATE

2/17/12

START TIME

8:00 a.m.

END DATE

2/17/12

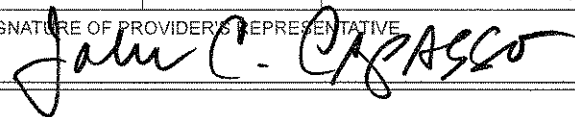
END TIME

3:30 p.m.

NAME OF PRESENTER

Jill Johnson, Carley Morales, Rebecca Shafer, Dale Brown, et. al.

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

2-17-12

Date

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