ILLINOIS STATE BOARD OF EDUCATION
Certificate Renewal
100 North First Street
Springfield, Illinois 62777-0001

EVALUATION AND EVIDENCE OF COMPLETION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.

EVALUATION

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

TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY	DATE

LOCATION (Facility, City, State)

NAME OF PROVIDER

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.	☐	☐	☐	☐	☐
2. The relevance of this activity to ISBE teaching standards was clear.	☐	☐	☐	☐	☐
3. It was clear that the activity was presented by persons with education and experience in the subject matter.	☐	☐	☐	☐	☐
4. The material was presented in an organized, easily understood manner.	☐	☐	☐	☐	☐
5. This activity included discussion, critique, or application of what was presented, observed, learned, or demonstrated.	☐	☐	☐	☐	☐

The best features of this activity were:

Suggestions for improvement include:

Other comments and reactions I wish to offer:

(TO BE RETAINED BY PROVIDER FOR AT LEAST THREE YEARS)

EVALUATION AND EVIDENCE OF COMPLETION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.
EVIDENCE OF COMPLETION

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 and must be submitted to a certificate-holder's Local Professional Development Committee (LPDC) to verify attendance at a conference, workshop, or other professional development activity. The presenters must provide the information identified below. Certificate-holders must provide the information requested in the box before submitting this form to the LPDC. Both parties must sign the form where indicated.

TITLE OF ACTIVITY

DESCRIPTION/NATURE OF THE EVENT

TRAINING WAS PROVIDED BY (Name of Presenter):	DATE	TIME

LOCATION (Name of facility, City and State)

DURATION (Contact Hours)	NUMBER OF CEUs ISSUED (if appropriate)

Print or Type Name of Approved Provider

Signature of Provider's Representative

Information requested in the box below is to be completed by the participant/certificate-holder

REFLECTION STATEMENT: Briefly describe or summarize the activity, discuss the skills or knowledge acquired, and indicate, if applicable, how the skills or knowledge will be applied in the context of your teaching. (If you wish to attach a statement you have already prepared, indicate by marking "See Attached.") If you do not believe the activity provided you with knowledge or skills that can be used in your teaching, please explain.

☐ **SEE ATTACHED**

Print or Type Name of Participant

Signature of Participant *Date*

(TO BE RETAINED BY TEACHER FOR SUBMISSION TO THE LPDC)