

POLO COMMUNITY UNIT SCHOOL DISTRICT #222  
100 UNION AVE.  
POLO, IL 61064

EVALUATION AND EVIDENCE OF COMPLETION OF 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 ISBE, if requested, to verify attendance at a conference, workshop, or other professional development activity. The presenters must provide the information identified below.

TITLE OF ACTIVITY

DESCRIPTION/NATURE OF THE EVENT

TRAINING WAS PROVIDED BY (Name of Presenter)

DATE

TIME

LOCATION (Facility, City, State)

DURATION (Contact Hours)

NUMBER OF CEU's (If appropriate)

Print or Type Name of Provider

Signature of Provider's Representative

Information requested below is to be completed by the participant/certificate-holder (OPTIONAL but recommended).

REFLECTION STATEMENT: Briefly describe or summarize the activity, discuss the skills or knowledge acquired, and indicate, if applicable, how skills or knowledge will be applied in the context of your teaching. If you do not believe the activity provided you with knowledge or skills that can be used in your teaching, please explain.

Print or Type Name of Participant

Signature of Participant

Date

TO BE RETAINED BY THE TEACHER FOR SUBMISSION AT RECERTIFICATION, IF REQUESTED TO  
VARIFY PROFESSIONAL DEVELOPMENT ACTIVITIES