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### INTERNAL NOTICE OF PROFESSIONAL DEVELOPMENT

| ***DIRECTIONS:* Please complete and return a copy of the agenda to** **Northeastern Illinois University,** **Daniel L. Goodwin College of Education** **A-Lopez@neiu.edu** **at least six weeks prior to the offering of the event.**  |
| --- |
| **NAME OF PROVIDER**Northeastern Illinois University | **PROVIDER NUMBER 100190** **RCDT Number: 15016540551**  |
| **ADDRESS (Include Street, City, State, Zip Code)**5500 N. St. Louis Ave.Chicago, IL 60625 | **TELEPHONE** (773)442-5500 |
| **FAX**  (773)442-5510 |
| **NAME OF CONTACT PERSON WHO WILL SERVE AS THE PROVIDER’S REPRESENTATIVE TO SIGN ISBE FORM 77-21B****TITLE OF CONTACT PERSON**  | **QUALIFICATION(S) OF PRESENTER(S)** |
| **TITLE OF PROGRAM, COURSE OFFERING OR TRAINING ACTIVITY *(Limit to 70 characters)*** |
| **KNOWLEDGE OR SKILL AREA(S) ADDRESSED BY THIS ACTIVITY** *(Check all that apply; note that activities may only be offered in areas for which the provider has obtained approval.):*

| ☐ Human Development and Learning | ☐ Professional Knowledge and Conduct |  ☐ Content Knowledge relevant to content-area standards (Specify Areas):  |
| --- | --- | --- |
| ☐ Diversity | ☐ Planning for Instruction |        |
| ☐ Learning Environment | ☐ Instructional Delivery |        |
| ☐ Improve the learning of students | ☐ Deepen educators’ content knowledge  |        |
| ☐ Communication | ☐ Classroom Assessment |        |
| ☐ Collaborative Relationships | ☐ Reflection and Professional Growth |        |
| ☐ Provide educators with research-based instructional strategies to assist students in meeting rigorous academic standards.  | ☐ Prepare educators to apply research to decision-making | Others:       |

*(Appendix H of the Manual outlines professional training standards.)* |
| **CHOOSE ONE TYPE OF COURSE OFFERING OR TRAINING ACTIVITY REQUIRING AN APPROVED PROVIDER:**

| ☐ Conference | ☐ Institute | ☐ Seminar | ☐ Symposium | ☐ Workshop |
| --- | --- | --- | --- | --- |

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| **COSTS:** The participants of this PD activity will pay a Fee: Yes: ☐ No: ☐ If Yes, specify the total cost per participant:   |
| **IDENTIFY THE INSTRUCTIONAL METHODS TO BE USED:**

| ☐ Audio-Visual | ☐ Group Instruction | ☐ Lecture | ☐ Problem Solving |
| --- | --- | --- | --- |
| ☐Discussion | ☐ Hands-On/Application | ☐ Online | ☐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **WHAT ARE THE PURPOSES, OBJECTIVES AND LEARNING OUTCOMES OF THE ACTIVITY OR TRAINING OR COURSE? *255 CHARACTERS OR LESS?***      |
| **THIS PROFESSIONAL DEVELOPMENT ACTIVITY WILL OFFER:** | **TARGET AUDIENCE:** (Who are the intended participants?)      |
| ☐ CEUs | ☐ CPDUs |
| **LOCATION AND TIME OF THE TRAINING ACTIVITY:** Please provide the name of the facility (e.g., “Lincoln School”), if appropriate, the address where the training will occur, and the initial date and time of the activity |
| **NAME OF FACILITY:**      | **ACTIVITY START DATE:**       | **TOTAL NUMBER OF HOURS OF ACTIVITY**: (1 clock hour = 1 PD hour):       |
| **ADDRESS** (Include Street, City, State, Zip Code):      | **TELEPHONE:**      |
| **FAX:**      |
| SIGNATURE, PRINTED NAME AND TITLE OF PERSON SUBMITTING NOTIFICATION  | **DATE:**      |

*Based on Form ISBE 77-20 (9/00) and ISBE Guidelines for IL State Professional Development Provider Requirements revised on 8/21/2017*

*If the session is canceled it is the responsibility of the provider to contact the licensure officer at GCOE-CPDU@NEIU.EDU.*

*This document was revised on 4/30/2024 by A. Lopez*