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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**](mailto: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 | | --- | --- | --- | --- | --- | | | | | |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **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*