

ILLINOIS STATE BOARD OF EDUCATION
 Educator and School Development Division
 100 North First Street, E-310
 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

Chicago Debate League Coach Training Seminar

DESCRIPTION/NATURE OF THE EVENT

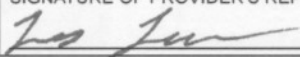
Chicago Debate League coaches were taught debate squad preparation techniques, reviewed and discussed new arguments and research strategies and deliberated Chicago Debate League guidelines and policies.

APPROVED PROVIDER AND PROVIDER NUMBER

Chicago Debate Commission - 080719135834557

LOCATION (Name of Facility, City and State)

Roosevelt University 430 S. Michigan Ave.

| DURATION (Contact Hours) ONE CPDU PER CONTACT HOUR | START DATE | START TIME | END DATE | END TIME |
|----------------------------------------------------|------------------------------------------------------------------------------------|------------|----------|----------|
| 3 Hours | 9/27/08 | 9 am | 9/27/08 | 12 pm |
| NAME OF PRESENTER | SIGNATURE OF PROVIDER'S REPRESENTATIVE | | | |
| Les Lynn |  | | | |

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

Date

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