

NOTICE OF PROFESSIONAL DEVELOPMENT

Illinois State University
 Conference Services
 Campus Box 8610
 Normal, IL 61790-8610
 309/438-2160

Provider: Illinois State University		Provider Number: 100063													
Address of Contact Person:		Telephone:													
		Fax:													
Name of Contact Person:		Title of Contact Person:													
Title of Program, Course or Training Activity:															
Knowledge or Skills Area addressed by activity: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Human Development and Learning</td> <td><input type="checkbox"/> Professional Knowledge and Conduct</td> </tr> <tr> <td><input type="checkbox"/> Diversity</td> <td><input type="checkbox"/> Planning for Instruction</td> </tr> <tr> <td><input type="checkbox"/> Learning Environment</td> <td><input type="checkbox"/> Instructional Delivery</td> </tr> <tr> <td><input type="checkbox"/> Communication</td> <td><input type="checkbox"/> Assessment</td> </tr> <tr> <td><input type="checkbox"/> Collaborative Relationships</td> <td><input type="checkbox"/> Reflection & Professional Growth</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Content Knowledge relevant to content area standards (please describe)</td> </tr> </table>				<input type="checkbox"/> Human Development and Learning	<input type="checkbox"/> Professional Knowledge and Conduct	<input type="checkbox"/> Diversity	<input type="checkbox"/> Planning for Instruction	<input type="checkbox"/> Learning Environment	<input type="checkbox"/> Instructional Delivery	<input type="checkbox"/> Communication	<input type="checkbox"/> Assessment	<input type="checkbox"/> Collaborative Relationships	<input type="checkbox"/> Reflection & Professional Growth	<input type="checkbox"/> Content Knowledge relevant to content area standards (please describe)	
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Give a brief description of the program, course offering or training activity:															
What are the purposes, objectives or learning outcomes of the program?															
This professional development activity will offer:		Target Audience:													
<input type="checkbox"/> CEUs <input type="checkbox"/> CPDUs															
Location and Time of the Training Activity:															
Facility:		Date of Training:	Time of Training:												
Address:															
Phone #:		Fax #:													
Signature and Title of Person Submitting Notification															
Please attach a sample program, syllabus or outline for this activity.															

Please submit this form to ISU Conference Services at least 7 days prior to training activity. If you have any questions, please call 309/438-2160.