

**ILLINOIS STATE BOARD OF EDUCATION**  
 Educator Licensure Division  
 100 North First Street  
 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

Metropolitan Mathematics Club of Chicago Conference of Workshops

DESCRIPTION/NATURE OF THE EVENT

Attendees participated in a conference of workshops on instructional techniques in mathematics education. Topics included the use of technology, reaching difficult and remedial learners, common core, and addressing varied learning styles in the classroom. The focus of the conference is the workshop experience; attendees participated in activities that directly apply to teaching.

APPROVED PROVIDER AND PROVIDER NUMBER

Metropolitan Mathematics Club of Chicago #100834

LOCATION (Name of Facility, City and State)

University of Chicago Lab Schools, Chicago, IL

DURATION (Contact Hours) ONE CPDU PER CONTACT HOUR	START DATE	START TIME	END DATE	END TIME
4 hours (main session) + 1.25 hours (optional afternoon session)	02/02/2013	8:30 am	02/02/2013	3:00 pm
NAME OF PRESENTER	SIGNATURE OF PROVIDER'S REPRESENTATIVE			
Various teachers/presenters	<i>M. Wiltyj</i>			

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.

*Jennifer Dao*

Print or Type Name of Participant

*Jennifer Dao*

Signature of Participant

*2/2/13*

Date

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