

Getting Your Professional Development

1. Enter in the password provided. Make sure the title matches the course you are taking.

Double Check Title Matches

Edcamp Chicago Conference

South Cook Intermediate Service Center

Welcome to the South Cook Intermediate Service Center survey login. Here you will login and take two surveys before receiving your Evidence of Completion document. The first is collect some personal information for recordkeeping. The second is an anonymous survey to help better our presenters and future courses. There will be no connection between the first survey and the second.

Password:

2. Enter in all the required fields.

Edcamp Chicago Conference

Cook ISD#100230
353 West Jole Dr Road
Chicago Heights, IL 00411
Evaluator for Workshops, Conferences, Seminars, Etc.

* Required

1. First Name*

2. Last Name*

3. Title*

3. Email*

4. Confirm Email*

5. Phone*

6. School District*

7. Position*

- Assistant Superintendent
- Building-level administrators representative of all grade levels
- Business Manager
- Community Representative
- Director of CI
- Director of School Improvement
- Federal Program Director
- Local School Board Member
- Parent
- Spec. Ed. Director / Supervisor
- Superintendent
- Teacher, Educator, or Teacher Leaders from various content areas, grade levels, buildings, and specialized instructional areas
- Technology, Data or Information Management Director / Supervisor
- Other

* Your IEIN # can be found in your Elis Account.



3. Click on **Go to Anonymous Survey**.



4. Once evaluation is complete, the following screen will appear. Click on **GO TO EVIDENCE OF COMPLETION**.



5. Enter your **Full Name** as you want it on your Evidence of Completion Form

Evidence of Completion Information Form


This is the final step to getting your Evidence of Completion Document.
 If you wish to write in your name please leave the fields blank and click next.
Note: If you don't have access to a printer you may save this page and print out your Evidence of Completion at a later date.
REMEMBER: to make your document official you need to sign your name at the bottom of the page you print out.

First Name:

Last Name:

Middle Initial:

6. **Ctrl+s** to save your PD to your computer for your files.



ILLINOIS STATE BOARD OF EDUCATION
 Educator Licensure Division
 100 North First Street, S-306
 Springfield, Illinois 62777-0001

EVIDENCE OF COMPLETION FOR PROFESSIONAL DEVELOPMENT

This is to certify that the undersigned has completed the professional development activity described herein and that the provider is approved by the State Superintendent of Education at the time of completion. This form serves as evidence to verify participation in this professional development activity and must be maintained for a period of six (6) years by the licensee and produced if requested as part of an audit.

IMPORTANT: THE LICENSEE MUST ENTER THIS ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BEFORE THE END OF HIS/HER CURRENT RENEWAL CYCLE OR FORFEIT ANY PROFESSIONAL DEVELOPMENT CREDIT FOR THIS ACTIVITY.

NAME OF PARTICIPANT (Last, First, Middle Initial)	
South Cook Intermediate Service Center	
TITLE OF PROFESSIONAL DEVELOPMENT	
Edcamp Chicago Conference	
DATE(S) OF ACTIVITY	
Start Date: October 14, 2017	End Date: October 14, 2017
LOCATION (Name of Facility, City and State)	
SOUTH COOK ISC 253 W. JOE ORR ROAD CHICAGO HEIGHTS IL 60411	
NAME OF APPROVED PROVIDER	REGION, COUNTRY, DISTRICT, TYPE CODE
South Cook Intermediate Service Center	07
NAME OF PROVIDER (If authorized by the approved Provider)	
South Cook Intermediate Service Center #100239	
NAME OF PRESENTER	
Scanlon Sean	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS	
4 PD	

Dr. Vanessa Q. Kinless
Signature of Provider's Representative

October 14, 2017
Date

Signature of Participant

October 11, 2017
Date

ISBE 77-21B (10/16)