

## INTERNAL NOTICE OF PROFESSIONAL DEVELOPMENT

**DIRECTIONS:** Please complete and upload at least 6 weeks prior to the offering of the activity, to [CPDUs Request Google Form](#)

<b>NAME OF PROVIDER:</b> Northeastern Illinois University	<b>PROVIDER NUMBER:</b> 100190 <b>RCDT NUMBER:</b> 15016540551
<b>ADDRESS OF PROVIDER:</b> 5500 North St. Louis Avenue Chicago, IL 60625	<b>TELEPHONE:</b> (773) 442-5500 <hr/> <b>FAX:</b> (773) 442-5510
<b>NAME OF CONTACT PERSON WHO WILL SERVE AS THE PROVIDER'S REPRESENTATIVE TO SIGN ISBE FORM 77-21B:</b>  <b>TITLE OF CONTACT PERSON:</b>	<b>QUALIFICATION(S) OF PRESENTER(S):</b>

**CHOOSE ONE TYPE OF PROGRAM, COURSE OFFERING OR TRAINING ACTIVITY REQUIRING AN APPROVED PROVIDER**

- Conference     
  Institute     
  Seminar     
  Symposium     
  Workshop

**TITLE OF THE ACTIVITY** (70 characters limit)

**INDICATE IF THE PARTICIPANTS OF THE ACTIVITY WILL PAY A FEE**

- No     
  Yes - the total cost per participant is:

**DESCRIBE PURPOSES, OBJECTIVES AND LEARNING OUTCOMES OF THE ACTIVITY** (255 characters limit)

**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.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Human Development and Learning<br><input type="checkbox"/> Diversity<br><input type="checkbox"/> Learning Environment<br><input type="checkbox"/> Improve Learning of Students<br><input type="checkbox"/> Communication<br><input type="checkbox"/> Collaborative Relationships<br><input type="checkbox"/> Provide educators with research-based instructional strategies to assist students in meeting rigorous academic standards | <input type="checkbox"/> Professional Knowledge and Conduct<br><input type="checkbox"/> Planning for Instruction<br><input type="checkbox"/> Instructional Delivery<br><input type="checkbox"/> Deepen Educators' Content Knowledge<br><input type="checkbox"/> Classroom Assessment<br><input type="checkbox"/> Reflection and Professional Growth<br><input type="checkbox"/> Applying Research to Decision-Making | <input type="checkbox"/> Content Knowledge relevant to content-area standards (specify areas):<br><br><br><br><br><br><br><br><br><br>Other |
|--|--|---|

*(Appendix H of the Manual outlines professional training standards)*

**IDENTIFY THE INSTRUCTIONAL METHODS TO BE USED**

- Audio-Visual     
  Group Instruction     
  Lecture     
  Problem Solving  
 Discussion     
  Hands-On/Application     
  Online     
  Other

**TARGET AUDIENCE:** Who are the intended participants?

<b>THIS PROFESSIONAL DEVELOPMENT ACTIVITY WILL OFFER</b> <input type="checkbox"/> CPUs <input type="checkbox"/> CPDUs	<b>TOTAL NUMBER OF HOURS OF ACTIVITY</b> (1 clock hour = 1 PD hour)
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<b>NAME OF FACILITY</b> (e.g., "Lincoln School")	<b>ACTIVITY START DATE</b>	<b>ACTIVITY TIME START and FINISH</b>
<b>ADDRESS</b> (include Street, City, State, Zip Code)	<b>TELEPHONE</b>	
<b>PRINTED NAME AND TITLE OF PERSON SUBMITTING THE NOTICE</b>	<b>SIGNATURE</b>	<b>DATE</b>