


**EVIDENCE OF COMPLETION FOR
 PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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IMPORTANT: THE LICENSEE MUST ENTER THE ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BY AUGUST 31 OF THE LICENSE RENEWAL YEAR. LICENSEES RETAIN THIS FORM FOR SIX YEARS FOR AUDITING PURPOSES. DO NOT SUBMIT THE FORM TO ISBE UNLESS THE AGENCY REQUESTS YOU TO DO SO.

LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Mangan, Maryclaire, E</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN <i>1295849</i>
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

 IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

*Optional training

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

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Reset Form

Print

Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

Date

Date

Date

3/31/25

*Optional training

- ☐ Mental Illness, Trauma, & Suicide
- ☐ Non-Restaurant Food Handler
- ☐ Nutrition Training (Civil Rights)
- ☐ Nutrition Training (General)
- ☐ Open Meetings Act (Board)
- ☐ Open Meetings Act (Other)
- ☐ Opioid Overdose
- ☐ Pest Management Plan
- ☐ Preventing and Responding to Child Sexual Abuse
- ☐ Protections and Accommodations for Students (ADA)
- ☐ Protections and Accommodations for Students
- ☐ (Homelessness)
- ☐ Racism-Free Schools
- ☐ School Board Membership Leadership
- ☐ School Bus Driver Training
- ☐ School Student Records Act*
- ☐ Sexual Harassment & Discrimination
- ☐ Short-Term Sub Teacher Training
- ☐ Social-Emotional Learning
- ☐ SpEd Training for Personnel w/o License
- ☐ SpEd Training for Qualified Interpreters
- ☐ Student Discipline*
- ☐ Title IX
- ☐ Trauma-Informed Practices
- ☐ Violence Prevention & Conflict Resolution*

State-Mandate Training Checklist (continued)

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) Guban, Norberto D.	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN 1393857
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- | | |
|---|---|
| <input type="checkbox"/> Anaphylactic Reactions & Mgmt. | <input type="checkbox"/> Educator Evaluator (Board) |
| <input type="checkbox"/> Asbestos Mgmt. & Abatement | <input type="checkbox"/> Ensuring Success in Schools |
| <input type="checkbox"/> Asthma Management | <input type="checkbox"/> First Aid, Heimlich, & CPR* |
| <input type="checkbox"/> Automated External Defibrillator | <input type="checkbox"/> Freedom of Information Act (FOIA) |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Hazardous Materials Training |
| <input type="checkbox"/> Bullying Prevention* | <input type="checkbox"/> Health Conditions of Students |
| <input type="checkbox"/> Care of Students with Diabetes | <input type="checkbox"/> Health Conditions of Students
(Life-Threatening Bleeding) |
| <input type="checkbox"/> Concussions & Head Injuries | <input type="checkbox"/> Identity Protection |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Isolated Time Out/Restraint |
| <input type="checkbox"/> Educator Ethics | <input type="checkbox"/> Mandated Reporting of Child Abuse and Neglect |
| <input type="checkbox"/> Educator Evaluator | |

*Optional training

CONTINUED NEXT PAGE

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Reset Form

Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

*Optional training

- ☐ Mental Illness, Trauma, & Suicide
- ☐ Non-Restaurant Food Handler
- ☐ Nutrition Training (Civil Rights)
- ☐ Nutrition Training (General)
- ☐ Open Meetings Act (Board)
- ☐ Open Meetings Act (Other)
- ☐ Opioid Overdose
- ☐ Pest Management Plan
- ☐ Preventing and Responding to Child Sexual Abuse
- ☐ Protections and Accommodations for Students (ADA)
- ☐ Protections and Accommodations for Students
- ☐ (Homelessness)
- ☐ Racism-Free Schools

- ☐ School Board Membership Leadership
- ☐ School Bus Driver Training
- ☐ School Student Records Act*
- ☐ Sexual Harassment & Discrimination
- ☐ Short-Term Sub Teacher Training
- ☒ Social-Emotional Learning
- ☐ SpEd Training for Personnel w/o License
- ☐ SpEd Training for Qualified Interpreters
- ☐ Student Discipline*
- ☐ Title IX
- ☐ Trauma-Informed Practices
- ☐ Violence Prevention & Conflict Resolution*

State-Mandate Training Checklist (continued)

Date

Date

Date

3/31/25

3/21/25


**EVIDENCE OF COMPLETION FOR
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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>CASA, Leonard J</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformatice Change in the Clas	IEIN <i>816425</i>
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

 IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- | | |
|---|---|
| <input type="checkbox"/> Anaphylactic Reactions & Mgmt. | <input type="checkbox"/> Educator Evaluator (Board) |
| <input type="checkbox"/> Asbestos Mgmt. & Abatement | <input type="checkbox"/> Ensuring Success in Schools |
| <input type="checkbox"/> Asthma Management | <input type="checkbox"/> First Aid, Heimlich, & CPR* |
| <input type="checkbox"/> Automated External Defibrillator | <input type="checkbox"/> Freedom of Information Act (FOIA) |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Hazardous Materials Training |
| <input type="checkbox"/> Bullying Prevention* | <input type="checkbox"/> Health Conditions of Students |
| <input type="checkbox"/> Care of Students with Diabetes | <input type="checkbox"/> Health Conditions of Students
(Life-Threatening Bleeding) |
| <input type="checkbox"/> Concussions & Head Injuries | <input type="checkbox"/> Identity Protection |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Isolated Time Out/Restraint |
| <input type="checkbox"/> Educator Ethics | <input type="checkbox"/> Mandated Reporting of Child Abuse and Neglect |
| <input type="checkbox"/> Educator Evaluator | |

*Optional training

CONTINUED NEXT PAGE

Print Reset Form

Date

Date

Date

3/31/25

3/31/25

Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

*Optional training

- | | |
|---|--|
| <input type="checkbox"/> School Board Membership Leadership | <input type="checkbox"/> Mental Illness, Trauma, & Suicide |
| <input type="checkbox"/> School Bus Driver Training | <input type="checkbox"/> Non-Restaurant Food Handler |
| <input type="checkbox"/> School Student Records Act* | <input type="checkbox"/> Nutrition Training (Civil Rights) |
| <input type="checkbox"/> Sexual Harassment & Discrimination | <input type="checkbox"/> Nutrition Training (General) |
| <input type="checkbox"/> Short-Term Sub Teacher Training | <input type="checkbox"/> Open Meetings Act (Board) |
| <input checked="" type="checkbox"/> Social-Emotional Learning | <input type="checkbox"/> Open Meetings Act (Other) |
| <input type="checkbox"/> SpEd Training for Personnel w/o License | <input type="checkbox"/> Opioid Overdose |
| <input type="checkbox"/> SpEd Training for Qualified Interpreters | <input type="checkbox"/> Pest Management Plan |
| <input type="checkbox"/> Student Discipline* | <input type="checkbox"/> Preventing and Responding to Child Sexual Abuse |
| <input type="checkbox"/> Title IX | <input type="checkbox"/> Protections and Accommodations for Students (ADA) |
| <input type="checkbox"/> Trauma-Informed Practices | <input type="checkbox"/> Protections and Accommodations for Students |
| <input type="checkbox"/> Violence Prevention & Conflict Resolution* | <input type="checkbox"/> Racism-Free Schools |

State-Mandate Training Checklist (continued)

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) Yurong, Ava Grisselle	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN 1334190
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

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State-Mandate Training Checklist (continued)

- ☐ School Board Membership Leadership
- ☐ School Bus Driver Training
- ☐ School Student Records Act*
- ☐ Sexual Harassment & Discrimination
- ☐ Short-Term Sub Teacher Training
- ☒ Social-Emotional Learning
- ☐ SpEd Training for Personnel w/o License
- ☐ SpEd Training for Qualified Interpreters
- ☐ Student Discipline*
- ☐ Title IX
- ☐ Trauma-Informed Practices
- ☐ Violence Prevention & Conflict Resolution*
- ☐ Mental Illness, Trauma, & Suicide
- ☐ Non-Restaurant Food Handler
- ☐ Nutrition Training (Civil Rights)
- ☐ Nutrition Training (General)
- ☐ Open Meetings Act (Board)
- ☐ Open Meetings Act (Other)
- ☐ Opioid Overdose
- ☐ Pest Management Plan
- ☐ Preventing and Responding to Child Sexual Abuse
- ☐ Protections and Accommodations for Students (ADA)
- ☐ Protections and Accommodations for Students
- ☐ (Homelessness)
- ☐ Racism-Free Schools

*Optional training

Signature of Approved Provider's Representative
Signature of Participant's Legal Name
Signature of Participant's Affirmed Name (if applicable)

3/31/25
Date
3/31/2025
Date


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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
SERRANO, CHRISTIAN C	SERRANO, CHRISTIAN C
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformative Change in the Classroom	1355260
DATE(S) OF ACTIVITY	
Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS)	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code)
Blues Kids Foundation	15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS)	
Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

CONTINUED NEXT PAGE

Reset Form

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Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

*Optional training

State-Mandate Training Checklist (continued)

- ☐ School Board Membership Leadership
☐ School Bus Driver Training
☐ School Student Records Act*
☐ Sexual Harassment & Discrimination
☐ Short-Term Sub Teacher Training
☒ Social-Emotional Learning
☐ SpEd Training for Personnel w/o License
☐ SpEd Training for Qualified Interpreters
☐ Student Discipline*
☐ Title IX
☐ Trauma-Informed Practices
☐ Violence Prevention & Conflict Resolution*
- ☐ Mental Illness, Trauma, & Suicide
☐ Non-Restaurant Food Handler
☐ Nutrition Training (Civil Rights)
☐ Nutrition Training (General)
☐ Open Meetings Act (Board)
☐ Open Meetings Act (Other)
☐ Opioid Overdose
☐ Pest Management Plan
☐ Preventing and Responding to Child Sexual Abuse
☐ Protections and Accommodations for Students (ADA)
☐ Protections and Accommodations for Students
☐ (Homelessness)
☐ Racism-Free Schools

Date

Date

Date

3/31/25

3/31/25

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) Porter, Shay L.	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN 458637
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

CONTINUED NEXT PAGE

Print

Reset Form

Signature of Participant's Affirmed Name (if applicable)

Date

Signature of Participant's Legal Name

Date

Signature of Approved Provider's Representative

Date

3/31/25

*Optional training

- ☐ Mental Illness, Trauma, & Suicide
- ☐ Non-Restaurant Food Handler
- ☐ Nutrition Training (Civil Rights)
- ☐ Nutrition Training (General)
- ☐ Open Meetings Act (Board)
- ☐ Open Meetings Act (Other)
- ☐ Opioid Overdose
- ☐ Pest Management Plan
- ☐ Preventing and Responding to Child Sexual Abuse
- ☐ Protections and Accommodations for Students (ADA)
- ☐ Protections and Accommodations for Students
- ☐ (Homelessness)
- ☐ Racism-Free Schools
- ☐ School Board Membership Leadership
- ☐ School Bus Driver Training
- ☐ School Student Records Act*
- ☐ Sexual Harassment & Discrimination
- ☐ Short-Term Sub Teacher Training
- ☐ Social-Emotional Learning
- ☐ SpEd Training for Personnel w/o License
- ☐ SpEd Training for Qualified Interpreters
- ☐ Student Discipline*
- ☐ Title IX
- ☐ Trauma-Informed Practices
- ☐ Violence Prevention & Conflict Resolution*

State-Mandate Training Checklist (continued)

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Ridgner Pamela</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformatice Change in the Clas	IEIN <i>478886</i>
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

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- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

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State-Mandate Training Checklist (continued)

- ☐ School Board Membership Leadership
- ☐ School Bus Driver Training
- ☐ School Student Records Act*
- ☐ Sexual Harassment & Discrimination
- ☐ Short-Term Sub Teacher Training
- ☐ Social-Emotional Learning
- ☐ SpEd Training for Personnel w/o License
- ☐ SpEd Training for Qualified Interpreters
- ☐ Student Discipline*
- ☐ Title IX
- ☐ Trauma-Informed Practices
- ☐ Violence Prevention & Conflict Resolution*
- ☐ Mental Illness, Trauma, & Suicide
- ☐ Non-Restaurant Food Handler
- ☐ Nutrition Training (Civil Rights)
- ☐ Nutrition Training (General)
- ☐ Open Meetings Act (Board)
- ☐ Open Meetings Act (Other)
- ☐ Opioid Overdose
- ☐ Pest Management Plan
- ☐ Preventing and Responding to Child Sexual Abuse
- ☐ Protections and Accommodations for Students (ADA)
- ☐ Protections and Accommodations for Students
- ☐ (Homelessness)
- ☐ Racism-Free Schools

*Optional training

Signature of Approved Provider's Representative

Signature of Participant's Legal Name

Signature of Participant's Affirmed Name (if applicable)

Date

Date

Date

3/31/25

3-31-25

**EVIDENCE OF COMPLETION FOR
 PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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IMPORTANT: THE LICENSEE MUST ENTER THE ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BY AUGUST 31 OF THE LICENSE RENEWAL YEAR. LICENSEES RETAIN THIS FORM FOR SIX YEARS FOR AUDITING PURPOSES. DO NOT SUBMIT THE FORM TO ISBE UNLESS THE AGENCY REQUESTS YOU TO DO SO.

LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) DACILLO, PATRICE JEYANNE A.	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN 1392099
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

 IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

CONTINUED NEXT PAGE

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Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

*Optional training

State-Mandate Training Checklist (continued)

- ☐ School Board Membership Leadership
☐ School Bus Driver Training
☐ School Student Records Act*
☐ Sexual Harassment & Discrimination
☐ Short-Term Sub Teacher Training
☒ Social-Emotional Learning
☐ SpEd Training for Personnel w/o License
☐ SpEd Training for Qualified Interpreters
☐ Student Discipline*
☐ Title IX
☐ Trauma-Informed Practices
☐ Violence Prevention & Conflict Resolution*
- ☐ Mental Illness, Trauma, & Suicide
☐ Non-Restaurant Food Handler
☐ Nutrition Training (Civil Rights)
☐ Nutrition Training (General)
☐ Open Meetings Act (Board)
☐ Open Meetings Act (Other)
☐ Opioid Overdose
☐ Pest Management Plan
☐ Preventing and Responding to Child Sexual Abuse
☐ Protections and Accommodations for Students (ADA)
☐ Protections and Accommodations for Students
☐ (Homelessness)
☐ Racism-Free Schools

Date

Date

Date

3/31/25

March 31, 2025

**EVIDENCE OF COMPLETION FOR
 PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) ELEFAN, KIM VIVERLY A.	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN 1401246
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

 IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

CONTINUED NEXT PAGE

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Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

*Optional training

State-Mandate Training Checklist (continued)

- ☐ School Board Membership Leadership
☐ School Bus Driver Training
☐ School Student Records Act*
☐ Sexual Harassment & Discrimination
☐ Short-Term Sub Teacher Training
☒ Social-Emotional Learning
☐ SpEd Training for Personnel w/o License
☐ SpEd Training for Qualified Interpreters
☐ Student Discipline*
☐ Title IX
☐ Trauma-Informed Practices
☐ Violence Prevention & Conflict Resolution*
- ☐ Mental Illness, Trauma, & Suicide
☐ Non-Restaurant Food Handler
☐ Nutrition Training (Civil Rights)
☐ Nutrition Training (General)
☐ Open Meetings Act (Board)
☐ Open Meetings Act (Other)
☐ Opioid Overdose
☐ Pest Management Plan
☐ Preventing and Responding to Child Sexual Abuse
☐ Protections and Accommodations for Students (ADA)
☐ Protections and Accommodations for Students
☐ (Homelessness)
☐ Racism-Free Schools

Date

Date

Date

3/31/25

3/31/25

**EVIDENCE OF COMPLETION FOR
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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) Mui, Kelly	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN 943526
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

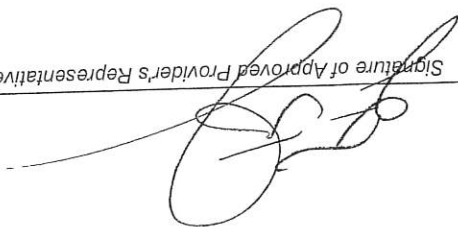
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State-Mandate Training Checklist (continued)

- | | | | | | | | | | | | |
|---|--|--|---|--|--|--|---|--|--|--|---|
| <input type="checkbox"/> School Board Membership Leadership | <input type="checkbox"/> School Bus Driver Training | <input type="checkbox"/> School Student Records Act* | <input type="checkbox"/> Sexual Harassment & Discrimination | <input type="checkbox"/> Short-Term Sub Teacher Training | <input type="checkbox"/> Social-Emotional Learning | <input type="checkbox"/> SpEd Training for Personnel w/o License | <input type="checkbox"/> SpEd Training for Qualified Interpreters | <input type="checkbox"/> Student Discipline* | <input type="checkbox"/> Title IX | <input type="checkbox"/> Trauma-Informed Practices | <input type="checkbox"/> Violence Prevention & Conflict Resolution* |
| <input type="checkbox"/> Mental Illness, Trauma, & Suicide | <input type="checkbox"/> Non-Restaurant Food Handler | <input type="checkbox"/> Nutrition Training (Civil Rights) | <input type="checkbox"/> Nutrition Training (General) | <input type="checkbox"/> Open Meetings Act (Board) | <input type="checkbox"/> Open Meetings Act (Other) | <input type="checkbox"/> Opioid Overdose | <input type="checkbox"/> Pest Management Plan | <input type="checkbox"/> Preventing and Responding to Child Sexual Abuse | <input type="checkbox"/> Protections and Accommodations for Students (ADA) | <input type="checkbox"/> Protections and Accommodations for Students | <input type="checkbox"/> Racism-Free Schools |

*Optional training

Signature of Approved Provider's Representative



Signature of Participant's Legal Name

Kelly Mui

Signature of Participant's Affirmed Name (if applicable)



Date

3/31/25

Date

3/31/25

3/31/25

Print

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**EVIDENCE OF COMPLETION FOR
PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Elmore, Anne He</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Class	IEIN
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used) <i>Fernando Jones' use the Blues + Technology to Implement Transformative Change Enhancing SEL</i>	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

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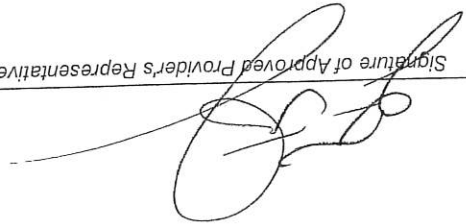
Signature of Participant's Affirmed Name (if applicable)

Annelle Fumore

Signature of Participant's Legal Name

Annelle Fumore

Signature of Approved Provider's Representative



Date

3/31/25

Date

3/31/25

Date

3/31/25

*Optional training

State-Mandate Training Checklist (continued)

- | | |
|---|--|
| <input type="checkbox"/> School Board Membership Leadership | <input type="checkbox"/> Mental Illness, Trauma, & Suicide |
| <input type="checkbox"/> School Bus Driver Training | <input type="checkbox"/> Non-Restaurant Food Handler |
| <input type="checkbox"/> School Student Records Act* | <input type="checkbox"/> Nutrition Training (Civil Rights) |
| <input type="checkbox"/> Sexual Harassment & Discrimination | <input type="checkbox"/> Nutrition Training (General) |
| <input type="checkbox"/> Short-Term Sub Teacher Training | <input type="checkbox"/> Open Meetings Act (Board) |
| <input type="checkbox"/> Social-Emotional Learning | <input type="checkbox"/> Open Meetings Act (Other) |
| <input type="checkbox"/> SpEd Training for Personnel w/o License | <input type="checkbox"/> Opioid Overdose |
| <input type="checkbox"/> SpEd Training for Qualified Interpreters | <input type="checkbox"/> Pest Management Plan |
| <input type="checkbox"/> Student Discipline* | <input type="checkbox"/> Preventing and Responding to Child Sexual Abuse |
| <input type="checkbox"/> Title IX | <input type="checkbox"/> Protections and Accommodations for Students (ADA) |
| <input type="checkbox"/> Trauma-Informed Practices | <input type="checkbox"/> Protections and Accommodations for Students |
| <input type="checkbox"/> Violence Prevention & Conflict Resolution* | <input type="checkbox"/> Racism-Free Schools |

**EVIDENCE OF COMPLETION FOR
PROFESSIONAL DEVELOPMENT**

EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Ganzon, Cristellamarie L.</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN <i>140/450</i>
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- | | |
|---|---|
| <input type="checkbox"/> Anaphylactic Reactions & Mgmt. | <input type="checkbox"/> Educator Evaluator (Board) |
| <input type="checkbox"/> Asbestos Mgmt. & Abatement | <input type="checkbox"/> Ensuring Success in Schools |
| <input type="checkbox"/> Asthma Management | <input type="checkbox"/> First Aid, Heimlich, & CPR* |
| <input type="checkbox"/> Automated External Defibrillator | <input type="checkbox"/> Freedom of Information Act (FOIA) |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Hazardous Materials Training |
| <input type="checkbox"/> Bullying Prevention* | <input type="checkbox"/> Health Conditions of Students |
| <input type="checkbox"/> Care of Students with Diabetes | <input type="checkbox"/> Health Conditions of Students
(Life-Threatening Bleeding) |
| <input type="checkbox"/> Concussions & Head Injuries | <input type="checkbox"/> Identity Protection |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Isolated Time Out/Restraint |
| <input type="checkbox"/> Educator Ethics | <input type="checkbox"/> Mandated Reporting of Child Abuse and Neglect |
| <input type="checkbox"/> Educator Evaluator | |

*Optional training

CONTINUED NEXT PAGE

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Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

Date

Date

Date

3/31/25

*Optional training

State-Mandate Training Checklist (continued)

- ☐ School Board Membership Leadership
☐ School Bus Driver Training
☐ School Student Records Act*
☐ Sexual Harassment & Discrimination
☐ Short-Term Sub Teacher Training
☒ Social-Emotional Learning
☐ SpEd Training for Personnel w/o License
☐ SpEd Training for Qualified Interpreters
☐ Student Discipline*
☐ Title IX
☐ Trauma-Informed Practices
☐ Violence Prevention & Conflict Resolution*
- ☐ Mental Illness, Trauma, & Suicide
☐ Non-Restaurant Food Handler
☐ Nutrition Training (Civil Rights)
☐ Nutrition Training (General)
☐ Open Meetings Act (Board)
☐ Open Meetings Act (Other)
☐ Opioid Overdose
☐ Pest Management Plan
☐ Preventing and Responding to Child Sexual Abuse
☐ Protections and Accommodations for Students (ADA)
☐ Protections and Accommodations for Students
☐ (Homelessness)
☐ Racism-Free Schools


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PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Wicker, Andronique</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN <i>1190535</i>
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

CONTINUED NEXT PAGE

State-Mandate Training Checklist (continued)

- | | | | | | | | | | | | |
|---|--|--|---|--|--|--|---|--|--|--|---|
| <input type="checkbox"/> School Board Membership Leadership | <input type="checkbox"/> School Bus Driver Training | <input type="checkbox"/> School Student Records Act* | <input type="checkbox"/> Sexual Harassment & Discrimination | <input type="checkbox"/> Short-Term Sub Teacher Training | <input type="checkbox"/> Social-Emotional Learning | <input type="checkbox"/> SpEd Training for Personnel w/o License | <input type="checkbox"/> SpEd Training for Qualified Interpreters | <input type="checkbox"/> Student Discipline* | <input type="checkbox"/> Title IX | <input type="checkbox"/> Trauma-Informed Practices | <input type="checkbox"/> Violence Prevention & Conflict Resolution* |
| <input type="checkbox"/> Mental Illness, Trauma, & Suicide | <input type="checkbox"/> Non-Restaurant Food Handler | <input type="checkbox"/> Nutrition Training (Civil Rights) | <input type="checkbox"/> Nutrition Training (General) | <input type="checkbox"/> Open Meetings Act (Board) | <input type="checkbox"/> Open Meetings Act (Other) | <input type="checkbox"/> Opioid Overdose | <input type="checkbox"/> Pest Management Plan | <input type="checkbox"/> Preventing and Responding to Child Sexual Abuse | <input type="checkbox"/> Protections and Accommodations for Students (ADA) | <input type="checkbox"/> Protections and Accommodations for Students | <input type="checkbox"/> (Homelessness) |
| <input type="checkbox"/> Racism-Free Schools | | | | | | | | | | | |

*Optional training

Signature of Approved Provider's Representative

Signature of Participant's Legal Name

Signature of Participant's Affirmed Name (if applicable)

3/31/25

Date

3/3/25

Date

Date


**EVIDENCE OF COMPLETION FOR
 PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Melgoza Evelyn</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformatice Change in the Clas	IEIN <i>1272053</i>
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

 IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- | | |
|---|---|
| <input type="checkbox"/> Anaphylactic Reactions & Mgmt. | <input type="checkbox"/> Educator Evaluator (Board) |
| <input type="checkbox"/> Asbestos Mgmt. & Abatement | <input type="checkbox"/> Ensuring Success in Schools |
| <input type="checkbox"/> Asthma Management | <input type="checkbox"/> First Aid, Heimlich, & CPR* |
| <input type="checkbox"/> Automated External Defibrillator | <input type="checkbox"/> Freedom of Information Act (FOIA) |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Hazardous Materials Training |
| <input type="checkbox"/> Bullying Prevention* | <input type="checkbox"/> Health Conditions of Students |
| <input type="checkbox"/> Care of Students with Diabetes | <input type="checkbox"/> Health Conditions of Students
(Life-Threatening Bleeding) |
| <input type="checkbox"/> Concussions & Head Injuries | <input type="checkbox"/> Identity Protection |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Isolated Time Out/Restraint |
| <input type="checkbox"/> Educator Ethics | <input type="checkbox"/> Mandated Reporting of Child Abuse and Neglect |
| <input type="checkbox"/> Educator Evaluator | |

*Optional training

CONTINUED NEXT PAGE

Reset Form

Print

Signature of Participant's Affirmed Name (if applicable)

Date

Signature of Participant's Legal Name

Date

Signature of Approved Provider's Representative

Date

3/31/25

3/31/2025

*Optional training

State-Mandate Training Checklist (continued)

- | | |
|---|--|
| <input type="checkbox"/> School Board Membership Leadership | <input type="checkbox"/> Mental Illness, Trauma, & Suicide |
| <input type="checkbox"/> School Bus Driver Training | <input type="checkbox"/> Non-Restaurant Food Handler |
| <input type="checkbox"/> School Student Records Act* | <input type="checkbox"/> Nutrition Training (Civil Rights) |
| <input type="checkbox"/> Sexual Harassment & Discrimination | <input type="checkbox"/> Nutrition Training (General) |
| <input type="checkbox"/> Short-Term Sub Teacher Training | <input type="checkbox"/> Open Meetings Act (Board) |
| <input type="checkbox"/> Social-Emotional Learning | <input type="checkbox"/> Open Meetings Act (Other) |
| <input type="checkbox"/> SpEd Training for Personnel w/o License | <input type="checkbox"/> Opioid Overdose |
| <input type="checkbox"/> SpEd Training for Qualified Interpreters | <input type="checkbox"/> Pest Management Plan |
| <input type="checkbox"/> Student Discipline* | <input type="checkbox"/> Preventing and Responding to Child Sexual Abuse |
| <input type="checkbox"/> Title IX | <input type="checkbox"/> Protections and Accommodations for Students (ADA) |
| <input type="checkbox"/> Trauma-Informed Practices | <input type="checkbox"/> Protections and Accommodations for Students |
| <input type="checkbox"/> Violence Prevention & Conflict Resolution* | <input type="checkbox"/> (Homelessness) |
| | <input type="checkbox"/> Racism-Free Schools |

**EVIDENCE OF COMPLETION FOR
PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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IMPORTANT: THE LICENSEE MUST ENTER THE ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BY AUGUST 31 OF THE LICENSE RENEWAL YEAR. LICENSEES RETAIN THIS FORM FOR SIX YEARS FOR AUDITING PURPOSES. DO NOT SUBMIT THE FORM TO ISBE UNLESS THE AGENCY REQUESTS YOU TO DO SO.

LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Kenneth A. Donald</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

CONTINUED NEXT PAGE

Print
Reset Form

Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

Date

Date

Date

3/31/25

*Optional training

State-Mandate Training Checklist (continued)

- | | |
|--|--|
| <input type="checkbox"/> School Board Membership Leadership | <input type="checkbox"/> School Bus Driver Training |
| <input type="checkbox"/> School Student Records Act* | <input type="checkbox"/> School Board Membership Leadership |
| <input type="checkbox"/> Sexual Harassment & Discrimination | <input type="checkbox"/> Short-Term Sub Teacher Training |
| <input type="checkbox"/> Social-Emotional Learning | <input type="checkbox"/> SpEd Training for Personnel w/o License |
| <input type="checkbox"/> SpEd Training for Qualified Interpreters | <input type="checkbox"/> SpEd Training for Qualified Interpreters |
| <input type="checkbox"/> Student Discipline* | <input type="checkbox"/> Title IX |
| <input type="checkbox"/> Trauma-Informed Practices | <input type="checkbox"/> Violence Prevention & Conflict Resolution* |
| <input type="checkbox"/> Racism-Free Schools | <input type="checkbox"/> (Homelessness) |
| <input type="checkbox"/> Protections and Accommodations for Students | <input type="checkbox"/> Protections and Accommodations for Students (ADA) |
| <input type="checkbox"/> Preventing and Responding to Child Sexual Abuse | <input type="checkbox"/> Pest Management Plan |
| <input type="checkbox"/> Open Meetings Act (Board) | <input type="checkbox"/> Open Meetings Act (Other) |
| <input type="checkbox"/> Nutrition Training (General) | <input type="checkbox"/> Oploid Overdose |
| <input type="checkbox"/> Nutrition Training (Civil Rights) | <input type="checkbox"/> Mental Illness, Trauma, & Suicide |
| <input type="checkbox"/> Non-Restaurant Food Handler | |

**EVIDENCE OF COMPLETION FOR
PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Willis, Samara</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Class	IEIN <i>1211651</i>
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

CONTINUED NEXT PAGE

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Reset Form

Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

Date

Date

Date

3/31/25

*Optional training

State-Mandate Training Checklist (continued)

- ☐ Mental Illness, Trauma, & Suicide
☐ Non-Restaurant Food Handler
☐ Nutrition Training (Civil Rights)
☐ Nutrition Training (General)
☐ Open Meetings Act (Board)
☐ Open Meetings Act (Other)
☐ Opioid Overdose
☐ Pest Management Plan
☐ Preventing and Responding to Child Sexual Abuse
☐ Protections and Accommodations for Students (ADA)
☐ Protections and Accommodations for Students
☐ (Homelessness)
☐ Racism-Free Schools
- ☐ School Board Membership Leadership
☐ School Bus Driver Training
☐ School Student Records Act*
☐ Sexual Harassment & Discrimination
☐ Short-Term Sub Teacher Training
☐ Social-Emotional Learning
☐ SPed Training for Personnel w/o License
☐ SPed Training for Qualified Interpreters
☐ Student Discipline*
☐ Title IX
☐ Trauma-Informed Practices
☐ Violence Prevention & Conflict Resolution*

**EVIDENCE OF COMPLETION FOR
PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) Walker, Lamont, L	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial) Walker, Lamont
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☒ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☒ Mandated Reporting of Child Abuse and Neglect

*Optional training

CONTINUED NEXT PAGE

Reset Form

Print

Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

Date

Date

Date

3/31/25

*Optional training

- ☐ Mental Illness, Trauma, & Suicide
- ☐ Non-Restaurant Food Handler
- ☐ Nutrition Training (Civil Rights)
- ☐ Nutrition Training (General)
- ☐ Open Meetings Act (Board)
- ☐ Open Meetings Act (Other)
- ☐ Opioid Overdose
- ☐ Pest Management Plan
- ☐ Preventing and Responding to Child Sexual Abuse
- ☐ Protections and Accommodations for Students (ADA)
- ☐ Protections and Accommodations for Students
- ☐ (Homelessness)
- ☐ Racism-Free Schools

- ☐ School Board Membership Leadership
- ☐ School Bus Driver Training
- ☐ School Student Records Act*
- ☐ Sexual Harassment & Discrimination
- ☐ Short-Term Sub Teacher Training
- ☐ Social-Emotional Learning
- ☐ SPed Training for Personnel w/o License
- ☐ SPed Training for Qualified Interpreters
- ☐ Student Discipline*
- ☐ Title IX
- ☐ Trauma-Informed Practices
- ☒ Violence Prevention & Conflict Resolution*

State-Mandate Training Checklist (continued)


**EVIDENCE OF COMPLETION FOR
PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Hall, Dayjah</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformatice Change in the Clas	IEIN
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

CONTINUED NEXT PAGE

Print

Reset Form

Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

Date

Date

Date

3/31/25

*Optional training

- ☐ Mental Illness, Trauma, & Suicide
- ☐ Non-Restaurant Food Handler
- ☐ Nutrition Training (Civil Rights)
- ☐ Nutrition Training (General)
- ☐ Open Meetings Act (Board)
- ☐ Open Meetings Act (Other)
- ☐ Opioid Overdose
- ☐ Pest Management Plan
- ☐ Preventing and Responding to Child Sexual Abuse
- ☐ Protections and Accommodations for Students (ADA)
- ☐ Protections and Accommodations for Students
- ☐ (Homelessness)
- ☐ Racism-Free Schools

- ☐ School Board Membership Leadership
- ☐ School Bus Driver Training
- ☐ School Student Records Act*
- ☐ Sexual Harassment & Discrimination
- ☐ Short-Term Sub Teacher Training
- ☐ Social-Emotional Learning
- ☐ SPED Training for Personnel w/o License
- ☐ SPED Training for Qualified Interpreters
- ☐ Student Discipline*
- ☐ Title IX
- ☐ Trauma-Informed Practices
- ☐ Violence Prevention & Conflict Resolution*

State-Mandate Training Checklist (continued)

**EVIDENCE OF COMPLETION FOR
PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Neely Makalich</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

CONTINUED NEXT PAGE

Print

Reset Form

Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

*Optional training

- ☐ Mental Illness, Trauma, & Suicide
- ☐ Non-Restaurant Food Handler
- ☐ Nutrition Training (Civil Rights)
- ☐ Nutrition Training (General)
- ☐ Open Meetings Act (Board)
- ☐ Open Meetings Act (Other)
- ☐ Opioid Overdose
- ☐ Pest Management Plan
- ☐ Preventing and Responding to Child Sexual Abuse
- ☐ Protections and Accommodations for Students (ADA)
- ☐ Protections and Accommodations for Students
- ☐ (Homelessness)
- ☐ Racism-Free Schools

- ☐ School Board Membership Leadership
- ☐ School Bus Driver Training
- ☐ School Student Records Act*
- ☐ Sexual Harassment & Discrimination
- ☐ Short-Term Sub Teacher Training
- ☐ Social-Emotional Learning
- ☐ SPED Training for Personnel w/o License
- ☐ SPED Training for Qualified Interpreters
- ☐ Student Discipline*
- ☐ Title IX
- ☐ Trauma-Informed Practices
- ☐ Violence Prevention & Conflict Resolution*

State-Mandate Training Checklist (continued)

3/31/25

Date

Date

3.31.2025

**EVIDENCE OF COMPLETION FOR
PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Jordan Luanna</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

CONTINUED NEXT PAGE

Print
Reset Form

Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

Date

Date

Date

3/31/25

*Optional training

- ☐ Mental Illness, Trauma, & Suicide
- ☐ Non-Restaurant Food Handler
- ☐ Nutrition Training (Civil Rights)
- ☐ Nutrition Training (General)
- ☐ Open Meetings Act (Board)
- ☐ Open Meetings Act (Other)
- ☐ Opioid Overdose
- ☐ Pest Management Plan
- ☐ Preventing and Responding to Child Sexual Abuse
- ☐ Protections and Accommodations for Students (ADA)
- ☐ Protections and Accommodations for Students
- ☐ (Homelessness)
- ☐ Racism-Free Schools
- ☐ School Board Membership Leadership
- ☐ School Bus Driver Training
- ☐ School Student Records Act*
- ☐ Sexual Harassment & Discrimination
- ☐ Short-Term Sub Teacher Training
- ☐ Social-Emotional Learning
- ☐ SpEd Training for Personnel w/o License
- ☐ SpEd Training for Qualified Interpreters
- ☐ Student Discipline*
- ☐ Title IX
- ☐ Trauma-Informed Practices
- ☐ Violence Prevention & Conflict Resolution*

State-Mandate Training Checklist (continued)


**EVIDENCE OF COMPLETION FOR
 PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Johnson, Shawnice</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN 15-016-0043-P1-0000PPP
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code)
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

 IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- | | |
|---|---|
| <input type="checkbox"/> Anaphylactic Reactions & Mgmt. | <input type="checkbox"/> Educator Evaluator (Board) |
| <input type="checkbox"/> Asbestos Mgmt. & Abatement | <input type="checkbox"/> Ensuring Success in Schools |
| <input type="checkbox"/> Asthma Management | <input type="checkbox"/> First Aid, Heimlich, & CPR* |
| <input type="checkbox"/> Automated External Defibrillator | <input type="checkbox"/> Freedom of Information Act (FOIA) |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Hazardous Materials Training |
| <input type="checkbox"/> Bullying Prevention* | <input type="checkbox"/> Health Conditions of Students |
| <input type="checkbox"/> Care of Students with Diabetes | <input type="checkbox"/> Health Conditions of Students
(Life-Threatening Bleeding) |
| <input type="checkbox"/> Concussions & Head Injuries | <input type="checkbox"/> Identity Protection |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Isolated Time Out/Restraint |
| <input type="checkbox"/> Educator Ethics | <input type="checkbox"/> Mandated Reporting of Child Abuse and Neglect |
| <input type="checkbox"/> Educator Evaluator | |

*Optional training

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State-Mandate Training Checklist (continued)

- ☐ School Board Membership Leadership
- ☐ School Bus Driver Training
- ☐ School Student Records Act*
- ☐ Sexual Harassment & Discrimination
- ☐ Short-Term Sub Teacher Training
- ☐ Social-Emotional Learning
- ☐ SpEd Training for Personnel w/o License
- ☐ SpEd Training for Qualified Interpreters
- ☐ Student Discipline*
- ☐ Title IX
- ☐ Trauma-Informed Practices
- ☐ Violence Prevention & Conflict Resolution*
- ☐ Mental Illness, Trauma, & Suicide
- ☐ Non-Restaurant Food Handler
- ☐ Nutrition Training (Civil Rights)
- ☐ Nutrition Training (General)
- ☐ Open Meetings Act (Board)
- ☐ Open Meetings Act (Other)
- ☐ Opioid Overdose
- ☐ Pest Management Plan
- ☐ Preventing and Responding to Child Sexual Abuse
- ☐ Protections and Accommodations for Students (ADA)
- ☐ Protections and Accommodations for Students
- ☐ (Homelessness)
- ☐ Racism-Free Schools

*Optional training

Signature of Approved Provider's Representative
Signature of Participant's Legal Name
Signature of Participant's Affirmed Name (if applicable)

3/31/25
Date
3/31/25
Date

**EVIDENCE OF COMPLETION FOR
PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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 years by the licensee and produced if requested as part of an audit.

IMPORTANT: THE LICENSEE MUST ENTER THE ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BY AUGUST 31 OF THE LICENSE RENEWAL YEAR. LICENSEES RETAIN THIS FORM FOR SIX YEARS FOR AUDITING PURPOSES. DO NOT SUBMIT THE FORM TO ISBE UNLESS THE AGENCY REQUESTS YOU TO DO SO.

LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Tillman, Tiffany N.</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformatice Change in the Clas	IEIN
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

CONTINUED NEXT PAGE

State-Mandate Training Checklist (continued)

- ☐ School Board Membership Leadership
- ☐ School Bus Driver Training
- ☐ School Student Records Act*
- ☐ Sexual Harassment & Discrimination
- ☐ Short-Term Sub Teacher Training
- ☐ Social-Emotional Learning
- ☐ SpEd Training for Personnel w/o License
- ☐ SpEd Training for Qualified Interpreters
- ☐ Student Discipline*
- ☐ Title IX
- ☐ Trauma-Informed Practices
- ☐ Violence Prevention & Conflict Resolution*
- ☐ Mental Illness, Trauma, & Suicide
- ☐ Non-Restaurant Food Handler
- ☐ Nutrition Training (Civil Rights)
- ☐ Nutrition Training (General)
- ☐ Open Meetings Act (Board)
- ☐ Open Meetings Act (Other)
- ☐ Opioid Overdose
- ☐ Pest Management Plan
- ☐ Preventing and Responding to Child Sexual Abuse
- ☐ Protections and Accommodations for Students (ADA)
- ☐ Protections and Accommodations for Students
- ☐ (Homelessness)
- ☐ Racism-Free Schools

*Optional training

Signature of Approved Provider's Representative

Signature of Participant's Legal Name

Signature of Participant's Affirmed Name (if applicable)

Date

Date

Date

3/31/25

3.31.25

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**EVIDENCE OF COMPLETION FOR
PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) <i>Kendra Graham</i>	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformative Change in the Classroom	IEIN
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

*Optional training

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Signature of Participant's Affirmed Name (if applicable)

Date

Signature of Participant's Legal Name

Date

Signature of Approved Provider's Representative

Date

3/31/25

*Optional training

- ☐ Mental Illness, Trauma, & Suicide
☐ Non-Restaurant Food Handler
☐ Nutrition Training (Civil Rights)
☐ Nutrition Training (General)
☐ Open Meetings Act (Board)
☐ Open Meetings Act (Other)
☐ Opioid Overdose
☐ Pest Management Plan
☐ Preventing and Responding to Child Sexual Abuse
☐ Protections and Accommodations for Students (ADA)
☐ Protections and Accommodations for Students
☐ (Homelessness)
☐ Racism-Free Schools
- ☐ School Board Membership Leadership
☐ School Bus Driver Training
☐ School Student Records Act*
☐ Sexual Harassment & Discrimination
☐ Short-Term Sub Teacher Training
☐ Social-Emotional Learning
☐ SPED Training for Personnel w/o License
☐ SPED Training for Qualified Interpreters
☐ Student Discipline*
☐ Title IX
☐ Trauma-Informed Practices
☐ Violence Prevention & Conflict Resolution*

State-Mandate Training Checklist (continued)

**EVIDENCE OF COMPLETION FOR
 PROFESSIONAL DEVELOPMENT**
EDUCATOR EFFECTIVENESS DEPARTMENT

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IMPORTANT: THE LICENSEE MUST ENTER THE ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BY AUGUST 31 OF THE LICENSE RENEWAL YEAR. LICENSEES RETAIN THIS FORM FOR SIX YEARS FOR AUDITING PURPOSES. DO NOT SUBMIT THE FORM TO ISBE UNLESS THE AGENCY REQUESTS YOU TO DO SO.

LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformatice Change in the Clas	IEIN
DATE(S) OF ACTIVITY Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS) Blues Kids Foundation	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED 90 minutes	

 IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- ☐ Anaphylactic Reactions & Mgmt.
- ☐ Asbestos Mgmt. & Abatement
- ☐ Asthma Management
- ☐ Automated External Defibrillator
- ☐ Bloodborne Pathogens
- ☐ Bullying Prevention*
- ☐ Care of Students with Diabetes
- ☐ Concussions & Head Injuries
- ☐ Cultural Competency
- ☐ Educator Ethics
- ☐ Educator Evaluator

*Optional training

- ☐ Educator Evaluator (Board)
- ☐ Ensuring Success in Schools
- ☐ First Aid, Heimlich, & CPR*
- ☐ Freedom of Information Act (FOIA)
- ☐ Hazardous Materials Training
- ☐ Health Conditions of Students
- ☐ Health Conditions of Students (Life-Threatening Bleeding)
- ☐ Identity Protection
- ☐ Isolated Time Out/Restraint
- ☐ Mandated Reporting of Child Abuse and Neglect

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Signature of Participant's Affirmed Name (if applicable)

Signature of Participant's Legal Name

Signature of Approved Provider's Representative

Date

Date

Date

3/31/25

*Optional training

- ☐ Mental Illness, Trauma, & Suicide
☐ Non-Restaurant Food Handler
☐ Nutrition Training (Civil Rights)
☐ Nutrition Training (General)
☐ Open Meetings Act (Board)
☐ Open Meetings Act (Other)
☐ Opioid Overdose
☐ Pest Management Plan
☐ Preventing and Responding to Child Sexual Abuse
☐ Protections and Accommodations for Students (ADA)
☐ Protections and Accommodations for Students
☐ (Homelessness)
☐ Racism-Free Schools
- ☐ School Board Membership Leadership
☐ School Bus Driver Training
☐ School Student Records Act*
☐ Sexual Harassment & Discrimination
☐ Short-Term Sub Teacher Training
☐ Social-Emotional Learning
☐ SpEd Training for Personnel w/o License
☐ SpEd Training for Qualified Interpreters
☐ Student Discipline*
☐ Title IX
☐ Trauma-Informed Practices
☐ Violence Prevention & Conflict Resolution*

State-Mandate Training Checklist (continued)