



100 North First Street, E-240 Springfield, Illinois 62777-0001

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.

LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
Mangan, maryclaire, E	
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Jse Blues and Technology to Implement Transformatice Change in	in the Clas 1295849
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
lues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
IAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED B	
IAME OF PRESENTER(S) (Do not enter into ELIS)	
ernando Jones	
IUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
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.
S THIS ACTIVITY A STATE-MANDATED TRAINING? YES NO	training listed on the chart below,
STHIS ACTIVITY A STATE-MANDATED TRAINING? YES NO State-Mandate	Training Checklist
S THIS ACTIVITY A STATE-MANDATED TRAINING? YES NO State-Mandate Anaphylactic Reactions & Mgmt.	Training listed on the chart below. Training Checklist Educator Evaluator (Board)
State-Mandate State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement	Training listed on the chart below. Training Checklist Educator Evaluator (Board) Ensuring Success in Schools
STHIS ACTIVITY A STATE-MANDATED TRAINING? YES NO State-Mandate Anaphylactic Reactions & Mgmt.	Training listed on the chart below. Training Checklist Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR*
THIS ACTIVITY A STATE-MANDATED TRAINING? YES NO State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management	Training listed on the chart below. Training Checklist Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA)
State-Mandate State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens Bullying Prevention*	Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA) Hazardous Materials Training
State-Mandate State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens Bullying Prevention* Care of Students with Diabetes	Training Checklist Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA) Hazardous Materials Training Health Conditions of Students
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens Bullying Prevention* Care of Students with Diabetes Concussions & Head Injuries	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
State-Mandate State-Mandate 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	Training Checklist Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA) Hazardous Materials Training Health Conditions of Students
State-Mandate State-Mandate 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 (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)
State-Mandate State-Mandate 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	Training Checklist 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
State-Mandate State-Mandate 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	Training Checklist 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

Date Date	Signature of Participant's Affirmed Name (if applicable)
3/125 	*Optional training Signature of Approved Provider's Representative
School Board Membership Leadership School Bus Driver Training School Student Records Act* Sexual Harasament & Discrimination Short-Term Sub Teacher Training Social-Emotional Learning SpEd Training for Personnel w/o License SpEd Training for Qualified Interpreters SpEd Training for Qualified Interpreters SpEd Training for Qualified Interpreters Student Discipline* Trauma-Informed Practices Violence Prevention & Conflict Resolution*	Mental Illness, Trauma, & Suicide Mon-Restaurant Food Handler Mutrition Training (Civil Rights) Open Meetings Act (Board) Opioid Overdose Pest Management Plan Preventing and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA) Protections and Accommodations for Students Homelessness Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (Homelessness) Racism-Free Schools

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Reset Form





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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
Guban, Norberto D.	
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN A TOTAL CONTRACTOR
Use Blues and Technology to Implement Transformatice Change in the Class	1393857
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 STAT	E-APPROVED PROVIDER ABOVE (If used)
NAME OF PRESENTER(S) (Do not enter into ELIS)	
Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
90 minutes	
	nnswered "yes," place a check mark next to the corresponding g listed on the chart below.
State-Mandate Trai	ning Checklist
	*
Anaphylactic Reactions & Mgmt.	Educator Evaluator (Board)
Asbestos Mgmt. & Abatement	Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
Bloodborne Pathogens	Hazardous Materials Training
☐ Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	☐ Health Conditions of Students
Concussions & Head Injuries	(Life-Threatening Bleeding)
Cultural Competency	☐ Identity Protection
Educator Ethics	Isolated Time Out/Restraint
Educator Evaluator	Mandated Reporting of Child Abuse and Neglect
*Optional training	CONTINUED NEXT PAGE

	əjsQ	Signature of Participant's Affirmed Name (if applicable)
	əjsQ	Signature of Participant's Legal Name
	52/1E/E	
	ated	Signature of Approved Provider's Representative
	93/15/8	
		gninist lenoitqO*
ters	Short-Term Sub Teacher Training Social-Emotional Learning SpEd Training for Personnel w/o Lid SpEd Training for Qualified Interpret Student Discipline* Trauma-Informed Practices Trauma-Informed Practices Violence Prevention & Conflict Resc	☐ 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 ☐ Protections for Studen
ov o na kondunta po postavaje da se postavaje	Sexual Harassment & Discriminatio	Nutrition Training (General)
Messaria Septembro	School Student Records Act*	Mutrition Training (Civil Rights)
	School Bus Driver Training	☐ Non-Restaurant Food Handler
did	School Board Membership Leaders	Mental Illness, Trauma, & Suicide





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AUDITING PURPOSES, DO NOT SUBMIT THE FOR	L YEAR, LICENSEES RETAIN THIS FORM FOR SIX YEARS FOR RM 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)
CASA, Leonard 5	, , , , , , , , , , , , , , , , , , , ,
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
lse Blues and Technology to Implement Transformatice Chang	e in the Clas \$ 16 4 2-5
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
lues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED	DRY A STATE-APPROVED PROVIDED AROVE (6
	S DI MOTATE-AL PROVIDER ABOVE (IT used)
NAME OF PRESENTER(S) (Do not enter into ELIS)	
ernando Jones	
III MAREN OF PROFESSIONAL PERSON	
IUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
O minutes	
S THIS ACTIVITY A STATE-MANDATED TRAINING? TYES NO	If you answered "yes," place a check mark next to the corresponding training listed on the chart below.
State-Mandat	e Training Checklist
Anaphylactic Reactions & Mgmt.	Educator Evaluator (Board)
Asbestos Mgmt. & Abatement	Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
☐ Bloodborne Pathogens	Hazardous Materials Training
☐ Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	
Cultural Competency	(Life-Threatening Bleeding)
Educator Ethics	☐ Identity Protection
Educator Evaluator	Isolated Time Out/Restraint
	☐ Mandated Reporting of Child Abuse and Negle
*Optional training	
	CONTINUED NEXT DAG

3/31/25 = Date Date	Signature of Approved Provider's Representative Signature of Participant's Legal Name Signature of Participant's Affirmed Name (if applicable)
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 wlo License SpEd Training for Qualified Interpreters SpEd Training for Qualified Interpreters SpEd Training for Qualified Interpreters Title IX Trauma-Informed Practices Violence Prevention & Conflict Resolution*	Mental Illness, Trauma, & Suicide Mon-Restaurant Food Handler Mutrition Training (General) Open Meetings Act (Board) Open Meetings Act (Other) Opioid Overdose Preventing and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (ADA)

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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

LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
Yurong, Ava Grisselle	
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
lse Blues and Technology to Implement Transformatice Change ir	n the Clas 133 4 190
DATE(S) OF ACTIVITY	1001110
onday, March 31, 2025	
AME OF APPROVED PROVIDER (Enter in ELIS)	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a
ues Kids Foundation	state-approved provider RCDT code)
AME OF TURD BARTY PROTECTION	15-016-0043-P1-0000PPP
AME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED B	Y A STATE-APPROVED PROVIDER ABOVE (If used)
AME OF PRESENTER(S) (Do not enter into ELIS)	
rnando Jones	
UMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
minutes	
	If you answered "yes," place a check mark next to the corresponding
	If you answered "yes," place a check mark next to the corresponding training listed on the chart below.
	If you answered "yes," place a check mark next to the corresponding training listed on the chart below.
	training listed on the chart below.
	If you answered "yes," place a check mark next to the corresponding training listed on the chart below. Training Checklist
State-Mandate Anaphylactic Reactions & Mgmt.	Training Checklist
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement	Training Checklist Educator Evaluator (Board)
State-Mandate Anaphylactic Reactions & Mgmt.	Training listed on the chart below. Training Checklist Educator Evaluator (Board) Ensuring Success in Schools
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement	Training listed on the chart below. Training Checklist Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR*
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator	Training listed on the chart below. Training Checklist
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management	Training listed on the chart below. Training Checklist
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens Bullying Prevention*	Training Checklist Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA) Hazardous Materials Training Health Conditions of Students
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens Bullying Prevention* Care of Students with Diabetes	Training Checklist 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
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens Bullying Prevention* Care of Students with Diabetes Concussions & Head Injuries	Training Checklist 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)
State-Mandate 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	Training Checklist 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
State-Mandate 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	Training Checklist 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
State-Mandate 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	Training Checklist 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
State-Mandate 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	Training Checklist 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

	Signature of Participant's Affirmed Name (if applicable)
2502 15/6 ejsc 15/6	Signature of Participant's Representative Signature of Participant's Legal Name
3/31/25 	Priniert IsnoitqO*
School Board Membership Leadership School Bus Driver Training School Student Records Act* Sexual Harasament & Discrimination Short-Term Sub Teacher Training SpEd Training for Personnel wlo License SpEd Training for Personnel No License Special-Emotion of Special Interpreters Traile IX Trauma-Informed Practices Violence Prevention & Conflict Resolution*	Mental Illness, Trauma, & Suicide Mon-Restaurant Food Handler Mutrition Training (General) Mutrition Training (General) Open Meetings Act (Board) Opioid Overdose Pest Management Plan Protections and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (Homelessness) Racism-Free Schools Racism-Free Schools





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AUDITING FURFUSES. DO NOT SUBMIT THE FURM I	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)
SERRANO, CHRISTIAN C	SERRAND, CHRISTIAN C
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformatice Change in	the Clas 1355 260
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
Blues Kids Foundation	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	
0 minutes	
IS THIS ACTIVITY A STATE-MANDATED TRAINING? TYES NO I	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.	C Educatas Esselvators (B. 1911)
Asbestos Mgmt. & Abatement	Educator Evaluator (Board)
Asthma Management	Ensuring Success in Schools
Automated External Defibrillator	First Aid, Heimlich, & CPR*
Bloodborne Pathogens	☐ Freedom of Information Act (FOIA)☐ Hazardous Materials Training
Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	The second secon
Concussions & Head Injuries	☐ Health Conditions of Students (Life-Threatening Bleeding)
Cultural Competency	Identity Protection
Educator Ethics	Isolated Time Out/Restraint
Educator Evaluator	Mandated Reporting of Child Abuse and Neglec
555 Stead	En mandated reporting of Child Abuse and Neglect
*Optional training	CONTINUED NEXT PAGE

3/31/26 Date 2.6\16\6.	Signature of Participant's Affirmed Name (if applicable)
School Board Membership Leadership School Bus Driver Training School Student Records Act* Sexual Harassment & Discrimination Sexual Harassment & Discrimination Social-Emotional Learning SpEd Training for Personnel w/o License SpEd Training for Personnel w/o License SpEd Training for Personnel witherpreters Title IV Title IX Trauma-Informed Practices Violence Prevention & Conflict Resolution*	Mental Illness, Trauma, & Suicide Mon-Restaurant Food Handler Mutrition Training (General) Open Meetings Act (Board) Open Meetings Act (Other) Opioid Overdose Prest Management Plan Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (ADA)

Reset Form

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THE TOTAL	TO ISBE UNLESS THE AGENCY REQUESTS YOU TO DO SO.
Porter Shay L.	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN 1 CC
Jse Blues and Technology to Implement Transformatice Change	in the Class 458637
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
Blues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED I	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	
0 minutes	
S 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	e Training Checklist
Anaphylactic Reactions & Mgmt.	Figure 5 valuetes (Peans)
Asbestos Mgmt. & Abatement	☐ Educator Evaluator (Board)☐ Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
Bloodborne Pathogens	Hazardous Materials Training
Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	(Life-Threatening Bleeding)
Cultural Competency	Identity Protection
Educator Ethics	☐ Isolated Time Out/Restraint
Educator Evaluator	Mandated Reporting of Child Abuse and Negleo
*Optional training	CONTINUED NEXT PAGE
	SONTINUED NEXT PAGE

Date	Signature of Participant's Affirmed Name (if applicable)
3/31/25 Date	Signature of Approved Provider's Representative
	gninist lenoitqO*
School Board Membership Leadership School Bus Driver Training Sexual Harasament & Discrimination Short-Term Sub Teacher Training Social-Emotional Learning SpEd Training for Personnel w/o License SpEd Training for Qualified Interpreters Student Discipline* Student Discipline* Title IX Title IX Trauma-Informed Practices	Mental Illness, Trauma, & Suicide Mon-Restaurant Food Handler Mutrition Training (General) Open Meetings Act (Other) Open Meetings Act (Other) Opioid Overdose Prest Management Plan Protections and Accommodations for Students (ADA) Protections and Accommodations for Students Protections for Stud

PAGE 2 OF 2





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AUDITING PURPOSES. DO NOT SUBMIT THE FOI	RM 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)
Pidano C Panala	(i. applicable) (cast, i list, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT	
	IEIN
Use Blues and Technology to Implement Transformatice Chang	ge in the Clas 478886
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
Blues Kids Foundation	state-approved provider RCD1 code)
NAME OF THIRD-PARTY PRESENTED/ORGANIZATION ALITHOSOITE	15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZE	D BY A STATE-APPROVED PROVIDER ABOVE (If used)
NAME OF PRESENTER(S) (Do not enter into ELIS)	
ernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	2 .
0 minutes	
o minutes	
S 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-Mandat	te Training Checklist
Anaphylactic Reactions & Mgmt.	Educator Evaluator (Board)
Asbestos Mgmt. & Abatement	Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
Bloodborne Pathogens	Hazardous Materials Training
☐ Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	(Life-Threatening Bleeding)
Cultural Competency	Identity Protection
Educator Ethics	
Educator Evaluator	Isolated Time Out/Restraint Mandated Reporting of Child Abuse and No.
*Optional training	Mandated Reporting of Child Abuse and Neglec
E 77-21B (7/24)	CONTINUED NEXT PAGE
- 11-210 (1124)	PAGE 1 OF 2

əfsQ	Signature of Participant's Affirmed Name (if applicable)
3/31/26 Date 25 - 18 - 6	Signature of Participalitis Legal Name
	gninis't IsnoitqO*
School Board Membership Leadership School Bus Driver Training Sexual Harassment & Discrimination Social-Term Sub Teacher Training Social-Emotional Learning SpEd Training for Personnel w/o License SpEd Training for Qualified Interpreters Student Discipline* Student Discipline* Triue IX Triue IX Violence Prevention & Conflict Resolution*	Mental Illness, Trauma, & Suicide Non-Restaurant Food Handler Nutrition Training (Ceneral) 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 (ADA)

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Reset Form





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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)	AECIDMED MAME OF PARTICIPANT #
DACINO, PATRICE JEYANNE	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
	₩.
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformatice Change i	in the Clas 139 2099
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
Blues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED E	BY A STATE-APPROVED PROVIDER ABOVE (If used)
,	5
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	e Training Checklist
	_
Anaphylactic Reactions & Mgmt.	Educator Evaluator (Board)
Asbestos Mgmt. & Abatement	Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
☐ Bloodborne Pathogens	Hazardous Materials Training
Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	(Life-Threatening Bleeding)
Cultural Competency	Identity Protection
Educator Ethics	Isolated Time Out/Restraint
Educator Evaluator	Mandated Reporting of Child Abuse and Neglect
*Optional training	CONTINUED NEXT PAGE

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	Signature of Participant's Affirmed Name (if applicable)
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PIRC	Signature of Pericipal Name
March 31, 2025	allus Lugar Jacoby
March 31, 2025	
Date	Signature of Apyroved Provider's Representative
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31/25	SIE
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	gninist IsnotiqO*
	Racism-Free Schools
	(1101115152515251)
olence Prevention & Conflict Resolution*	
eactices	STT Strudents for Students
XI əl	Tit
*anilqisei Trabu	Preventing and Responding to Child Sexual Abuse
Ed Training for Qualified Interpreters	Pest Management Plan
Ed Training for Personnel W/o License	
icial-Emotional Learning	
	(pipod) 10V (phillippin) 1 1
nort-Term Sub Teacher Training	Transport training (constant)
xual Harasament & Discrimination	95
hool Student Records Act*	
hool Bus Driver Training	~O I I
hool Board Membership Leadership	☐ Mental Illness, Trauma, & Suicide
CONTRACTOR OF THE CONTRACTOR OF CONTRACTOR	Account of the control of the contro

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PAGE 2'OF 2





100 North First Street, E-240 Springfield, Illinois 62777-0001

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.

AUDITING PURPOSES. DO NOT SUBMIT THE FORM	TEAR. LICENSEES RETAIN THIS FORM FOR SIX YEARS FOR IT 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)
ELEFAN, KIM VIVERLY A.	(* application, (Ladd, 1 list, Middle Illitial)
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformatice Change	in the Clas 1401246
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
Blues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED I	
	(II deed)
NAME OF PRESENTER(S) (Do not enter into ELIS)	
ernando Jones	
emando Jones	
IUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
0 minutes	
s this activity a state-mandated training? Tyes No State-Mandate	If you answered "yes," place a check mark next to the corresponding training listed on the chart below. Training Checklist
Manhulatia Dandin O.M.	
Anaphylactic Reactions & Mgmt.	Educator Evaluator (Board)
Asbestos Mgmt. & Abatement Asthma Management	Ensuring Success in Schools
Automated External Defibrillator	First Aid, Heimlich, & CPR*
Bloodborne Pathogens	Freedom of Information Act (FOIA)
Bullying Prevention*	Hazardous Materials Training
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	Health Conditions of Students
Cultural Competency	(Life-Threatening Bleeding)
Educator Ethics	☐ Identity Protection
Educator Evaluator	Isolated Time Out/Restraint
	Mandated Reporting of Child Abuse and Neglec
*Optional training	

	· ·
-Date	Signature of Participant's Affirmed Name (if applicable)
27/18/4 	Signature of Partidpant's Legal Name
3/31/25 Date	Signature of Approved Provider's Representative
20,7070	gniniert lenoitqO*
School Board Membership Leadership School Bus Driver Training School Student Records Act* School Student Rescher Training Short-Term Sub Teacher Training Social-Emotional Learning SpEd Training for Personnel wlo License SpEd Training for Personnel wlo License SpEd Training for Personnel wlo License Student Discipline* Student Discipline* Title IX Trauma-Informed Practices	Mental Illness, Trauma, & Suicide Mon-Restaurant Food Handler Mutrition 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 (ADA) Protections and Accommodations for Students (ADA) Protections and Accommodations for Students Protections and Accommodations for Students Protections and Accommodations for Students Racism-Free Schools





100 North First Street, E-240 Springfield, Illinois 62777-0001

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

LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
Mui, Kelly	
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformatice Change	in the Clas 943526
DATE(S) OF ACTIVITY	70020
Monday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS)	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a
lues Kids Foundation	state-approved provider RCD1 code)
NAME OF THIS SASTICE	15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED I	BY A STATE-APPROVED PROVIDER ABOVE (If used)
	9
NAME OF PRESENTER(S) (Do not enter into ELIS)	
ernando Jones	
IUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
Timones	
O minutes	
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.
S 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. Training Checklist
S THIS ACTIVITY A STATE-MANDATED TRAINING? YES NO	e Training Checklist
STHIS ACTIVITY A STATE-MANDATED TRAINING? YES NO State-Mandate Anaphylactic Reactions & Mgmt.	Educator Evaluator (Board)
STHIS ACTIVITY A STATE-MANDATED TRAINING? YES NO State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement	Educator Evaluator (Board) Ensuring Success in Schools
STHIS ACTIVITY A STATE-MANDATED TRAINING? YES NO State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management	Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR*
STHIS ACTIVITY A STATE-MANDATED TRAINING? YES NO State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator	Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA)
STATE-MANDATED TRAINING? YES NO State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens	Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA) Hazardous Materials Training
STHIS ACTIVITY A STATE-MANDATED TRAINING? YES NO State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens Bullying Prevention*	Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA) Hazardous Materials Training Health Conditions of Students
STHIS ACTIVITY A STATE-MANDATED TRAINING? YES NO State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens Bullying Prevention* Care of Students with Diabetes	Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA) Hazardous Materials Training
State-Mandate State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens Bullying Prevention* Care of Students with Diabetes Concussions & Head Injuries	Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA) Hazardous Materials Training Health Conditions of Students
STHIS ACTIVITY A STATE-MANDATED TRAINING? YES NO State-Mandate 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 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
State-Mandate State-Mandate 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 (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
State-Mandate State-Mandate 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 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
STHIS ACTIVITY A STATE-MANDATED TRAINING? YES NO State-Mandate 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 (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

3/31/26 3/31/26 3/31/26	Signature of Approved Provider's Representative Signature of Pakiticipant's Legal Name Signature of Pakiticipant's Legal Name Signature of Pakiticipant's Affirmed Name (if applicable)
School Board Membership Leadership School Bus Driver Training School Student Records Act* Sexual Harasament & Discrimination Short-Term Sub Teacher Training Social-Emotional Learning SpEd Training for Personnel wlo License SpEd Training for Qualified Interpreters SpEd Training for Qualified Interpreters SpEd Training for Resonnel wlo License SpEd Training for Resonnel wlo License Training for Personnel wlo License Special Training for Qualified Interpreters Special Training for Resolution*	Mental Illness, Trauma, & Suicide Mon-Restaurant Food Handler Mutrition Training (Ceneral) Open Meetings Act (Board) Open Meetings Act (Other) Opioid Overdose Pest Management Plan Protections and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (ADA)





100 North First Street, E-240 Springfield, Illinois 62777-0001

EDUCATOR EFFECTIVENESS DEPARTMENT

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AUDITING PURPOSES. DO NOT SUBMIT THE FORM TO ISE	BE UNLESS THE AGENCY REQUESTS YOU TO DO SO.
LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) Elmore, Anne He	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Use Blues and Technology to Implement Transformatice Change in the Cla	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 TO AND AUTHORIZED BY A STATE THAT AND AUTHORIZED BY A STATE THAT AND AUTHORIZED BY A STATE OF THE AUTHORIZED BY A STATE OF TH	re-approved provider above (If used) inology to Implement Trans formative
Fernando Jones NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
0 minutes	ч
S THIS ACTIVITY A STATE-MANDATED TRAINING? YES NO If you a training	answered "yes," place a check mark next to the corresponding g listed on the chart below.
State-Mandate Trai	ning 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

	Signature of Participant's Affirmed Name (if applicable)
3/31/25 Date	Signature of Approved Provider's Representative Signature of Participant's Legal Name
	gninist IsnotiqO*
School Board Membership Leadership School Bus Driver Training Sexual Harasament & Discrimination Short-Term Sub Teacher Training Social-Emotional Learning SpEd Training for Personnel wlo License SpEd Training for Muslified Interpreters Student Discipline* Title IX Trauma-Informed Practices Trauma-Informed Practices	Mental Illness, Trauma, & Suicide Mon-Restaurant Food Handler Mutrition Training (Genetal) Open Meetings Act (Board) Opioid Overdose Prest Management Plan Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (ADA)

Reset Form

Inhq





100 North First Street, E-240 Springfield, Illinois 62777-0001

EDUCATOR EFFECTIVENESS DEPARTMENT

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AUDITING PURPOSES. DO NOT SUBMIT THE FORM T	O 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)
Ganzon Cristellamarie L.	
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Jse Blues and Technology to Implement Transformatice Change in t	the Clas 40/450
DATE(S) OF ACTIVITY	
1onday, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS)	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a
lues Kids Foundation	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)
IAME OF PRESENTER(S) (Do not enter into ELIS)	
ernando Jones	
IUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
minutes	
S THIS ACTIVITY A STATE-MANDATED TRAINING? YES NO If the training is a state-mandated training?	you answered "yes," place a check mark next to the corresponding raining listed on the chart below.
State-Mandate	Training Checklist
Anaphylactic Reactions & Mgmt.	Educator Evaluator (Board)
Asbestos Mgmt. & Abatement	Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
☐ Bloodborne Pathogens	Hazardous Materials Training
☐ Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	(Life-Threatening Bleeding)
Cultural Competency	Identity Protection
Educator Ethics	☐ Isolated Time Out/Restraint
Educator Evaluator	Mandated Reporting of Child Abuse and Neglec
*Optional training	CONTINUED NEXT PAGE

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9331/26 Date	Signature of Partoved Provider's Representative
School Board Membership Leadership School Bus Driver Training Sexual Harassment & Discrimination Short-Term Sub Teacher Training Social-Emotional Learning SpEd Training for Personnel wlo License SpEd Training for Qualified Interpreters Student Discipline* Student Discipline* Title IX Trauma-Informed Practices Violence Prevention & Conflict Resolution*	Mental Illness, Trauma, & Suicide Non-Restaurant Food Handler Nutrition Training (Civil Rights) Uutrition Training (General) Open Meetings Act (Board) Opioid Overdose Pest Management Plan Preventing and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (ADA) Protections and Accommodations for Students Homelessness

PAGE 2 OF 2





100 North First Street, E-240 Springfield, Illinois 62777-0001

EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)	
19 001c a - Cast, rist, winding initial)	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
luster tharman	e
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformatice Change	e in the Clas 1908
DATE(S) OF ACTIVITY	1110000
Monday, March 31, 2025	
WAY 100 100 100 100 100 100 100 100 100 10	
NAME OF APPROVED PROVIDER (Enter in ELIS)	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a
Blues Kids Foundation	state approved provider RCD1 code)
NAME OF THIRD PARTY PRESENTED OR SAMELY TO SELECT	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)	
ernando Jones	
II IMPED OF PROFESCIONAL DELE	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
) minutes	
S 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.
Record Command	g iisted on the chart below,
Record Command	If you answered "yes," place a check mark next to the corresponding training listed on the chart below. Training Checklist
Record Control of the	e Training Checklist
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement	e Training Checklist Educator Evaluator (Board)
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management	E Training Checklist Educator Evaluator (Board) Ensuring Success in Schools
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator	Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR*
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens	Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA)
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens Bullying Prevention*	E Training Checklist
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens Bullying Prevention* Care of Students with Diabetes	Educator Evaluator (Board) Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA) Hazardous Materials Training Health Conditions of Students
State-Mandate Anaphylactic Reactions & Mgmt. Asbestos Mgmt. & Abatement Asthma Management Automated External Defibrillator Bloodborne Pathogens Bullying Prevention* Care of Students with Diabetes Concussions & Head Injuries	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
State-Mandate 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	E Training Checklist 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)
State-Mandate 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 (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
State-Mandate 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 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
State-Mandate 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
State-Mandate 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 (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

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Date	Signature of Participant's Affirmed Name (if applicable)
96/8/8 Date	Signature of Pantovider's Representative
3/31/25 	
	gninisti lenoitqO*
School Board Membership Leadership School Bus Driver Training Sexual Harassment & Discrimination 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 Mutrition Training (Civil Rights) Mutrition Training (General) Open Meetings Act (Board) Opioid Overdose Pest Management Plan Preventing and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA) Protections and Accommodations for Students Homelessness

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Reset Form





100 North First Street, E-240 Springfield, Illinois 62777-0001

EDUCATOR EFFECTIVENESS DEPARTMENT

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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)
Meldoza Ivelyn	
TITLE OF PROPESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformatice Change	in the Clas 1272053
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
Blues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED B	
NAME OF PRESENTER(S) (Do not enter into ELIS)	
Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	*
00 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.	TEducator Evaluator (Daniel)
Asbestos Mgmt. & Abatement	☐ Educator Evaluator (Board) ☐ Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
Bloodborne Pathogens	Hazardous Materials Training
Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	(Life-Threatening Bleeding)
Cultural Competency	Identity Protection
Educator Ethics	Isolated Time Out/Restraint
Educator Evaluator	Mandated Reporting of Child Abuse and Neglect
*Optional training	and Neglect
	CONTINUED NEXT PAGE

əfaQ	Signature of Participant's Affirmed Name (if applicable)
3/31/25 3/31/25 Date	*Optional training Signature of Approved Provider's Representative Signature of Participant's Legal Name
School Board Membership Leadership School Bus Driver Training School Student Records Act* Sexual Harassment & Discrimination 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 Mutrition Training (General) Open Meetings Act (Board) Opioid Overdose Pest Management Plan Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (ADA)

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100 North First Street, E-240 Springfield, Illinois 62777-0001

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AUDITING PURPOSES, DO NOT SUBMIT THE FORM TO ISB	E 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)
Kenneth A. Donald	
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformatice Change in the Cla	
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
Blues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STAT	
	()
NAME OF PRESENTER(S) (Do not enter into ELIS)	
ernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	1
0 minutes	
IS THIS ACTIVITY A STATE-MANDATED TRAINING? 🔲 YES 🔯 NO 🛮 If you a	nswered "yes," place a check mark next to the corresponding
training	listed on the chart below.
State-Mandate Train	ning Checklist
Anaphylactic Reactions & Mgmt.	F Educator Fundants (P. 11)
Asbestos Mgmt. & Abatement	☐ Educator Evaluator (Board) ☐ Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	
☐ Bloodborne Pathogens	Freedom of Information Act (FOIA) Hazardous Materials Training
Bullying Prevention*	
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	Health Conditions of Students
Cultural Competency	(Life-Threatening Bleeding)
Educator Ethics	Identity Protection
Educator Evaluator	Isolated Time Out/Restraint
	Mandated Reporting of Child Abuse and Neglect
*Optional training	CONTINUED NEVER DAGE
	CONTINUED NEXT PAGE

Date	Signature of Participant's Affirmed Name (if applicable)
elsQ.	Signature of Participant's Legal Name
3/31/25 Date	Signature of Approved Provider's Representative
	gninie't IsnoitgO*
Grhool Board Membership Leadership School Bus Driver Training School Student Records Act* Sexual Harassment & Discrimination Short-Term Sub Tearning Social-Emotional Learning SpEd Training for Personnel wlo License SpEd Training for Personnel wlo License SpEd Training for Personnel wlo License Student Discipline* Title IX Title IX Violence Prevention & Conflict Resolution*	Mon-Restaurant Food Handler Mon-Restaurant Food Handler Mutrition Training (General) Mutrition Training (General) Open Meetings Act (Board) Open Meetings Act (Other) Pest Management Plan Preventing and Responding to Child Sexual Abuse Preventing and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA) Protections and Accommodations for Students Protections

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Reset Form





100 North First Street, E-240 Springfield, Illinois 62777-0001

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.

The result of th	TOBE 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)
Willis, Samara	,
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformatice Change in the	e Clas 1211651
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
Blues Kids Foundation	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 PROPERTY OF	
NAME OF PRESENTER(S) (Do not enter into ELIS)	
Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
00 minutes	
IS THIS ACTIVITY A STATE-MANDATED TRAINING? YES NO If you train	ou answered "yes," place a check mark next to the corresponding ining listed on the chart below.
State-Mandate Tr	raining Checklist
Anaphylactic Reactions & Mgmt.Asbestos Mgmt. & Abatement	Educator Evaluator (Board)
Asthma Management	Ensuring Success in Schools
Automated External Defibrillator	First Aid, Heimlich, & CPR*
Bloodborne Pathogens	Freedom of Information Act (FOIA)
Bullying Prevention*	☐ Hazardous Materials Training
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	Health Conditions of Students
Cultural Competency	(Life-Threatening Bleeding)
Educator Ethics	☐ Identity Protection
Educator Etilics	Isolated Time Out/Restraint
	Mandated Reporting of Child Abuse and Neglec
*Optional training	CONTINUED NEXT DAG
	CONTINUED NEXT PAGE

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Date	Signature of Participant's Affirmed Name (if applicable)
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	Signature of Approved Provider's Representative
Date	avitetnesernes 2'vobiused benneser's
97/152	
30/10/0	
9	O www.wando
	gninis¹i IsnoiiqO*
	Pree Schools
st olence Prevention & Conflict Resolution st	(Homelessness)
"adma-monton & Conflict Resolution*	Protections and Accommodations for Students
rauma-Informed Practices	PIOTECTIONS and Accommodations to the control of
XI əlji	Lieveniung and responding to some
*ənilqisid finabul	
bEd Training for Qualified Interpreters	
bEd Training for Personnel wlo License	g
social-Emotional Learning	CleatO) to A spring A grant and Cleat
Short-Term Sub Teacher Training	S (Board) to A springs Act (Board)
Sexual Harasament & Discrimination	
chool Student Records Act*	
School Bus Driver Training	
school Board Membership Leadership	9 Paping & semiesT assertit lates M P
10003875 33	

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100 North First Street, E-240 Springfield, Illinois 62777-0001

EDUCATOR EFFECTIVENESS DEPARTMENT

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AUDITING FURFUSES, DU NOT SUBMIT THE FOR	M 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)
Walker, Lamont	Walker Lamont
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN LUYYIOY !!
se Blues and Technology to Implement Transformatice Change	e in the Clas
DATE(S) OF ACTIVITY	
londay, March 31, 2025	
NAME OF APPROVED PROVIDER (Enter in ELIS)	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a
llues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED	
NAME OF PRESENTER(S) (Do not enter into ELIS)	
ernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
O minutes	
C THIC ACTIVITY A CTATE MANDATED TO ANNUAL CONTRACTOR	
S 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.
	training instead of the chart below.
State Mandat	Training Olympia
State-Manuat	e Training Checklist
Anaphylactic Reactions & Mgmt.	Educator Evaluator (Board)
Asbestos Mgmt. & Abatement	Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
☐ Bloodborne Pathogens	Hazardous Materials Training
☐ Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	(Life-Threatening Bleeding)
Cultural Competency	Identity Protection
Educator Ethics	Isolated Time Out/Restraint
Educator Evaluator	Mandated Reporting of Child Abuse and Neglec
*Optional training	Established topology of Office Abuse and Neglec
	CONTINUED NEXT PAGE

	a supplied to a
əjsO	Signature of Participant's Affirmed Name (if applicable)
	v
end.	Signature of Participant's Legal Name
Date	Signature of Approved Provider's Representative
31/52	
	₽ninis¹t lenoitqO*
	Racism-Free Schools
	(LIUMESSAIN)
auma-Informed Practices olence Prevention & Conflict Resolution*	T LOISCHOLD WILL A VOCALIVIO COLOR TO THE CO
XI əl:	Protections and Accommodations for Students (ADA)
VII.	Preventing and Responding to Child Sexual Abuse
Ed Training for Qualified Interpreters	ds □ Rest Management Plan
JEd Training for Personnel w/o License	de 🗌
ocial-Emotional Learning	S Carros Nacetings Act (Other)
nort-Term Sub Teacher Training	(mouse) frament trongent
Andal Harasament & Discrimination	(construction of the party positions)
:hool Bus Driver Training :hool Student Records Act*	
hood Board Membership Leadership:	
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100 North First Street, E-240 Springfield, Illinois 62777-0001

EDUCATOR EFFECTIVENESS DEPARTMENT

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THE TORM TO ISB	E 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)
Hall Daviceh	
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformatice Change in the Clas	
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
Blues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
 NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATI	
	-ATTROVED PROVIDER ABOVE (II used)
NAME OF PRESENTER(S) (Do not enter into ELIS)	
Fernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
0 minutes	
IS THIS ACTIVITY A STATE-MANDATED TRAINING? YES NO If you are training	nswered "yes," place a check mark next to the corresponding listed on the chart below.
State-Mandate Train	ning Checklist
Anaphylactic Reactions & Mgmt.	Educator Evaluator (Board)
Asbestos Mgmt. & Abatement	Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
☐ Bloodborne Pathogens	Hazardous Materials Training
☐ Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	(Life-Threatening Bleeding)
Cultural Competency	Identity Protection
Educator Ethics	Isolated Time Out/Restraint
Educator Evaluator	Mandated Reporting of Child Abuse and Neglect
*Optional training	
	CONTINUED NEXT PAGE

3/31/25 Bate Date	Signature of Approved Provider's Representative Signature of Participant's Legal Name Signature of Participant's Affirmed Name (if applicable)
School Board Membership Leadership School Bus Driver Training School Student Records Act* Sexual Harasasment & Discrimination Short-Term Sub Teacher Training Social-Emotional Learning SpEd Training for Personnel wlo License SpEd Training for Qualified Interpreters SpEd Training for Qualified Interpreters Title IX Trauma-Informed Practices Violence Prevention & Conflict Resolution*	Mental Illness, Trauma, & Suicide Non-Restaurant Food Handler Nutrition Training (Civil Rights) Open Meetings Act (Board) Open Meetings Act (Other) Open Meetings Act (Other) Open Meetings Act (Other) Open Meetings Act (Other) Pest Management Plan Preventing and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA) Protections and Accommodations for Students Homelessness Optional training Protections Racism-Free Schools Mental training Protections Protections Protect

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PAGE 2 OF 2





PAGE 1 OF 2

EVIDENCE OF COMPLETION FOR PROFESSIONAL DEVELOPMENT

100 North First Street, E-240 Springfield, Illinois 62777-0001

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EDUCATOR EFFECTIVENESS DEPARTMENT

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AUDITING PURPOSES. DO NOT SUBMIT THE FORM	M 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)
Neely Makalian	
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformatice Change	in the Clas
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	AND THE PROPERTY OF THE PROPER
₹. ··	,
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	e 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

- 3600 - 18 . E . E . established	Signature of Participant's Legal Name (if applicable)
3/31/25 ————————————————————————————————————	Priniert IsnoitqO* Substitution of Participal S
School Board Membership Leadership School Bus Driver Training School Student Records Act* Sexual Harassment & Discrimination Social-Emotional Learning SpEd Training for Personnel wlo License SpEd Training for Qualified Interpreters SpEd Training for Qualified Interpreters Title IX Trauma-Informed Practices Violence Prevention & Conflict Resolution*	Mental Illness, Trauma, & Suicide Non-Restaurant Food Handler Mutrition Training (Civil Rights) Open Meetings Act (Board) Opioid Overdose Pest Management Plan Preventing and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA)

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100 North First Street, E-240 Springfield, Illinois 62777-0001

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 1	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)
Jordan Lunna	(ii applicable) (cast, Pirst, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
se Blues and Technology to Implement Transformatice Change in	the Clas
DATE(S) OF ACTIVITY	
onday, March 31, 2025	
IAME OF APPROVED PROVIDER (Enter in ELIS)	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a
ues Kids Foundation	state-approved provider RCDT code)
IAME OF THIRD DARTY DESCRITEDION OF THIRD DARTY DESCRIPTION OF THE PROPERTY OF	15-016-0043-P1-0000PPP
IAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY	A STATE-APPROVED PROVIDER ABOVE (If used)
IAME OF PRESENTER(S) (Do not enter into ELIS)	
ernando Jones	
UMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
minutes	
S THIS ACTIVITY A STATE-MANDATED TRAINING? YES NO	f you answered "yes," place a check mark next to the corresponding
	raining listed on the chart below.
State Mandata	Troining Charlet (
State-Mandate	Training Checklist
Anaphylactic Reactions & Mgmt.	
Asbestos Mgmt. & Abatement	Leducator Evaluator (Board)
Asthma Management	Educator Evaluator (Board)
☐ \ \	Ensuring Success in Schools
Automated External Defibrillator	Ensuring Success in Schools First Aid, Heimlich, & CPR*
	☐ Ensuring Success in Schools ☐ First Aid, Heimlich, & CPR* ☐ Freedom of Information Act (FOIA)
Automated External Defibrillator	☐ Ensuring Success in Schools ☐ First Aid, Heimlich, & CPR* ☐ Freedom of Information Act (FOIA) ☐ Hazardous Materials Training
Automated External Defibrillator Bloodborne Pathogens	☐ Ensuring Success in Schools ☐ First Aid, Heimlich, & CPR* ☐ Freedom of Information Act (FOIA) ☐ Hazardous Materials Training ☐ Health Conditions of Students
Automated External Defibrillator Bloodborne Pathogens Bullying Prevention*	Ensuring Success in Schools First Aid, Heimlich, & CPR* Freedom of Information Act (FOIA) Hazardous Materials Training Health Conditions of Students Health Conditions of Students
Automated External Defibrillator Bloodborne Pathogens Bullying Prevention* Care of Students with Diabetes	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)
Automated External Defibrillator Bloodborne Pathogens Bullying Prevention* Care of Students with Diabetes Concussions & Head Injuries	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
Automated External Defibrillator Bloodborne Pathogens Bullying Prevention* Care of Students with Diabetes Concussions & Head Injuries Cultural Competency	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
Automated External Defibrillator Bloodborne Pathogens Bullying Prevention* Care of Students with Diabetes Concussions & Head Injuries Cultural Competency Educator Ethics	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

	*
×	Signature of tamping American and Supplied
	Signature of Participant's Affirmed Name (if applicable)
ejbQ	Signature of Participant's Legal Name
3-8-8	C 27 7 10
ejs:0	Signature of Approved Provider's Representative
3/1/26	
	gninist IsnoiiqO*
x .	Racism-Free Schools
[∗] Violence Prevention & Conflict Resolution	(Homelessness)
Trauma-Informed Practices	Protections and Accommodations for Students
XI alitle	Preventing and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA)
SpEd Training for Qualified Interpreters Student Discipline*	Pest Management Plan
SpEd Training for Personnel w/o License	Opioid Overdose
Social-Emotional Learning	Open Meetings Act (Other)
Short-Term Sub Teacher Training	Open Meetings Act (Board)
Sexual Harassment & Discrimination	Mutrition Training (General)
School Student Records Act*	Mutrition Training (Civil Rights)
School Bus Driver Training	Mental Illness, Trauma, & Suicide ☐ Non-Restaurant Food Handler
School Board Membership Leadership	abibing & smilesT asserll letroM

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100 North First Street, E-240 Springfield, Illinois 62777-0001

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.

AUDITING PURPOSES. DO NOT SUBMIT THE FORM TO ISE	BE 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)
Johnson Slawnice	
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformatice Change in the Cla	as
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
Blues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STAT	A CONTRACTOR OF THE PROPERTY O
NAME OF PRESENTER(S) (Do not enter into ELIS)	
ernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
0 minutes	
S THIS ACTIVITY A STATE-MANDATED TRAINING? YES NO If you a training	answered "yes," place a check mark next to the corresponding g listed on the chart below.
State-Mandate Trai	ning Checklist
Anaphylactic Reactions & Mgmt.	Educator Evaluator (Board)
Asbestos Mgmt. & Abatement	Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
Bloodborne Pathogens	Hazardous Materials Training
☐ Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	(Life-Threatening Bleeding)
Cultural Competency	Identity Protection
Educator Ethics	Isolated Time Out/Restraint
Educator Evaluator	Mandated Reporting of Child Abuse and Neglect
*Optional training	CONTINUED NEXT PAGE

ejed SS/S/S ejed ejed	Signature of Participant's Affirmed Name (if applicable)
3/31/SE	eninieri IsnoitqO*
School Board Membership Leadership School Bus Driver Training School Student Records Act* Sexual Harasament & Discrimination Short-Term Sub Teacher Training Social-Emotional Learning SpEd Training for Personnel wlo License SpEd Training for Personnel wlo License SpEd Training for Qualified Interpreters Student Discipline* Student Discipline* Title IX Title IX Title IX	Mental Illness, Trauma, & Suicide Non-Restaurant Food Handler Mutrition Training (Civil Rights) Open Meetings Act (Board) Open Meetings Act (Other) Opioid Overdose Prest Management Plan Preventing and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (ADA)





100 North First Street, E-240 Springfield, Illinois 62777-0001

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AUDITING PURPOSES. DO NOT SUBMIT THE FORM	I TO ISBE UNLESS THE AGENCY REQUESTS YOU TO DO SO.
LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial) Tillman, Tiffany N	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
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
Blues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED B	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	
0 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.	Educator Evaluator (Board)
Asbestos Mgmt. & Abatement	Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
☐ Bloodborne Pathogens ☐ Hazardous Materials Training	
☐ Bullying Prevention* ☐ Health Conditions of Students	
Care of Students with Diabetes	Health Conditions of Students
☐ Concussions & Head Injuries ☐ Cultural Competency	(Life-Threatening Bleeding)
Educator Ethics	☐ Identity Protection
Educator Ethics Educator Evaluator	Isolated Time Out/Restraint
	Mandated Reporting of Child Abuse and Neglect
*Optional training	CONTINUED NEXT PAGE

3/31/25 Date Date Date	Signature of Participant's Affirmed Name (if applicable)
School Board Membership Leadership School Bus Driver Training School Student Records Act* Sexual Harassment & Discrimination Social-Emotional Learning SpEd Training for Personnel w/o License SpEd Training for Qualified Interpreters SpEd Training for Cualified Interpreters Title IX Title IX Violence Prevention & Conflict Resolution*	Mental Illness, Trauma, & Suicide Non-Restaurant Food Handler Nutrition Training (General) Open Meetings Act (Board) Open Meetings Act (Other) Opioid Overdose Pest Management Plan Protections and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA) Protections and Accommodations for Students Protections and Accommodations for Students Ohomelessness Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (ADA)

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100 North First Street, E-240 Springfield, Illinois 62777-0001

EDUCATOR EFFECTIVENESS DEPARTMENT

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LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
Hendra Graham	,
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Use Blues and Technology to Implement Transformatice Change in the Cla	
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
Blues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STAT	TO COURT A SECURIOR OF THE SEC
* 7 .	1
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? TYES NO If you a	nswered "yes," place a check mark next to the corresponding
training	listed on the chart below,
State-Mandate Train	ning Checklist
Anaphylactic Reactions & Mgmt.	Educator Evaluator (Board)
Asbestos Mgmt. & Abatement	Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
☐ Bloodborne Pathogens	Hazardous Materials Training
Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	(Life-Threatening Bleeding)
Cultural Competency	Identity Protection
Educator Ethics	Isolated Time Out/Restraint
Educator Evaluator	Mandated Reporting of Child Abuse and Neglect
*Optional training	CONTINUED NEXT BAGE

	Signature of Participant's Affirmed Name (if applicable)
3/31/25 Date	Signature of Participant's Legal Name
	(Homelessness) Racism-Free Schools *Optional training
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*	Mon-Restaurant Food Handler Mutrition Training (Civil Rights) Mutrition Training (General) Open Meetings Act (Dther) Open Meetings Act (Other) Opioid Overdose Pest Management Plan Preventing and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA)
School Board Membership Leadership	Mental Illness, Trauma, & Suicide

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100 North First Street, E-240 Springfield, Illinois 62777-0001

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.

	THE THE WOLD TO TO DO 30.
LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
Jse Blues and Technology to Implement Transformatice Change in the Cla	as
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
Blues Kids Foundation	state-approved provider RCDT code) 15-016-0043-P1-0000PPP
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STA	The state of the s
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME OF DESCRIPTION OF THE PROPERTY OF THE PRO	
NAME OF PRESENTER(S) (Do not enter into ELIS)	
ernando Jones	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	
0 minutes	
IS THIS ACTIVITY A STATE-MANDATED TRAINING? YES NO If you a	answered "yes," place a check mark next to the corresponding
training	g listed on the chart below.
State-Mandate Trai	ning Checklist
Anaphylactic Reactions & Mgmt.	Feducator Freductor (Ferry)
Asbestos Mgmt. & Abatement	☐ Educator Evaluator (Board) ☐ Ensuring Success in Schools
Asthma Management	First Aid, Heimlich, & CPR*
Automated External Defibrillator	Freedom of Information Act (FOIA)
Bloodborne Pathogens	Hazardous Materials Training
Bullying Prevention*	Health Conditions of Students
Care of Students with Diabetes	Health Conditions of Students
Concussions & Head Injuries	(Life-Threatening Bleeding)
Cultural Competency	Identity Protection
Educator Ethics	☐ Isolated Time Out/Restraint
Educator Evaluator	Mandated Reporting of Child Abuse and Neglec
*Optional training	
- p	CONTINUED NEXT PAGE

	Date	Signature of Participant's Affirmed Name (if applicable)
	ətsO	Signature of Participant's Legal Name
	3/31/25 ————————————————————————————————————	Signature of Approved Provider's Representative
		gninis¹t IsnoitqO*
nse Psn	School Board Membership Leadership School Bus Driver Training School Student Records Act* Sexual Harassment & Discrimination Short-Term Sub Teacher Training SpEd Training for Personnel wlo Licel SpEd Training for Qualified Interprete SpEd Training for Qualified Interprete Student Discipline* Title IX Title IX Title IX Violence Prevention & Conflict Resolution & Conflict Resolutions	Mental Illness, Trauma, & Suicide Non-Restaurant Food Handler Nutrition Training (General) Open Meetings Act (Board) Open Meetings Act (Other) Open Meetings Act (Other) Open Meetings Act (Other) Pest Management Plan Preventing and Responding to Child Sexual Abuse Protections and Accommodations for Students (ADA) Protections and Accommodations for Students (ADA)

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