**ILLINOIS STATE BOARD OF EDUCATION**

Educator Licensure Division
100 North First Street, S-306
Springfield, Illinois 62777-0001

## EVIDENCE OF COMPLETION FOR PROFESSIONAL DEVELOPMENT

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

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

NAME OF PARTICIPANT (Last, First, Middle Initial)

TITLE OF PROFESSIONAL DEVELOPMENT

MakerSpace Education

DATE(S) OF ACTIVITY

January 12, 2018

LOCATION (Name of Facility, City, State)

Lincoln Elementary School, Canton, IL

| NAME OF APPROVED PROVIDER | REGION, COUNTY, DISTRICT, TYPE CODE |
|---|---|
| Canton Union School District #66 | 260290660250000 |

NAME OF PROVIDER (If authorized by the approved provider)

NAME OF PRESENTER

Julie Tarvin

NUMBER OF PROFESSIONAL DEVELOPMENT HOURS

.75 hours

Signature of Approved Provider's Representative

1-16-18
Date

Signature of Participant

Date